

MOUNT ISA AGRICULTURAL SHOW SOCIETY

SHOW OFFICE : CORNER RYAN & DAVIS RD

PO BOX 2145

MOUNT ISA QLD 4825

MOUNTISASHOW@GMAIL.COM

ABN 84 119 078 458



OFFICIAL ENTRY FORM

Name: _____

Address: _____

Phone: _____ Organisation/School _____

Email: _____

Please indicate with a tick Adult Child

CLASS NO.	ITEM DESCRIPTION / NAME - QUILT SIZE IN INCHES - TEAM NAME - AGE	FEE	CLASS NO.	ITEM DESCRIPTION / NAME - QUILT SIZE IN INCHES - TEAM NAME - AGE	FEE
Total No. Entries:				Total Cost: \$	

I hereby request that you enter the afore mentioned exhibits to your show, subject to the rules and regulations of the society. I have read and agree to abide by all conditions of entry and recognise that the judges' decision will be final and legally binding. I understand that all prizes must be collected Friday or Saturday of the show, during set office hours, or the prize is forfeited back to the Mount Isa Show Society.

Signature: _____ Date: _____

Authorisation for collection: I _____ give authority to _____, to collect my entries on my behalf.

Signature: _____ Date: _____

Official Use:

ID NUMBER

PAID IN FULL BY CASH EFTPOS