PORT FAIRY SHOW SOCIETY

ENTRY FORM

For all Sections, except the Rural Ambassador Award.

| Section/ class # | Details | Entry fee |
|------------------|--|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total entry fees including those from reverse of this form . | |
| | | |
| | Total | |

Fees must accompany this entry form. For additional entries see reverse of this form. For confirmation, enclose a stamped self addressed envelope. All exhibitors must pay Show grounds admission fee.

PRIVACY ACT STATEMENT:

The Show Society uses personal information collected from you in these forms to process the application. This information, or part thereof, will be published by the Show Society, is made available to the media, and as otherwise allowed under the Privacy Act 1988. If you do not want your details, those of the child under 18 years of age certified below, or those of your animals published, you are not eligible to enter.

CERTIFICATION AND CONDITIONS OF ENTRY ACCEPTANCE:

- 1) I hereby apply to enter the above listed events/ classes, subject to the terms and conditions set out in the Show schedule, and Rules and By-Laws of the Society, which I have read and by which I agree to be bound, on behalf of myself, or as a parent or guardian of a competitor/ handler under 18 years of age, as certified below:
- 2) I hereby certify that the information contained in this application is true and correct.
- 3) I note that the Show Society has the power to evict any person, exhibitor or animal from the showground in the event of a breach of these requirements or regulations.
- 4) I certify that the exhibits, which I hereby enter for competition in the classes stated, are my own (or certified child listed below) bona-fide property, or as otherwise certified in writing and attached to this entry form, and I further certify that they fulfill the Show Society's health regulations.
- 5) I authorize the Show Society to publish, pass on details, and show results, relating to these entries.
- 6) I agree to participate at my own (or certified child listed below) risk. I hereby releases to the full extent permitted by law, the Show Society and is servants, agents and contractors and employees from all claims and demands, damages, cost and expenses of every kind resulting from any accident, damage, loss, or injury, howsoever caused.
- 7) I indemnify and will keep indemnified all people and corporations associated with the conduct of the event on these terms.
- 8) I acknowledge that no insurance is provided by the Show Society on my behalf, and I am responsible for arranging my own public liability, property, and all other insurance.

| Name of Exhibitor/ rider/ handler | | | | |
|-----------------------------------|-------------------------------|-------|-------------|--|
| | | | | |
| Address | | | | |
| Audi 655 | | | | |
| | | | | |
| | | State | Postcode | |
| | | | | |
| Email address | Day time phone | M | obile phone | |
| | 2a, p | | | |
| Signature | | | date | |
| (I am 18 years of age or ov | | | | |
| OR ` , | , | | | |
| Signature of parent or guardian | | | date | |
| | (if exhibitor is under 18 yea | | | |

Space for additional entries:

| Section/ class # | Details | Entry fee |
|------------------|---|-----------|
| | | - |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | /Tuesnafas Abia Aadal Aa fuasa ka a a a a | |
| | (Transfer this total to front page) | |