

PRIME LAMBS APPLICATION FOR ENTRY

ENTRIES CLOSE MONDAY 13 JUNE 2011 at 4.30PM



INSTRUCTIONS

- Please check printed details and make changes in the boxes provided.
- Use a black or blue pen and clearly print in BLOCK LETTERS. Leave one box between words. Complete EVERY part of this Application for Entry except for sections marked "OFFICE USE ONLY". TICK '✓' checkboxes '☐' where applicable. The Exhibitor **MUST SIGN** the Application for Entry.
- Post this Application to the Entries Department, RNA, Locked Bag 1010, Albion QLD 4010 or fax (07) 3253 3988 or email entries@royalqueenslandshow.com.au.
- Please retain a copy of this Application for Entry for your records.

EXHIBITOR DETAILS (Exhibit must be bona fide property of Exhibitor)

TEL
MOBILE
FAX
EMAIL

NAME OF EXHIBITOR _____

POSTAL ADDRESS _____

TOWN/CITY _____ STATE _____ POSTCODE _____

CONTACT PERSON _____

TELEPHONE _____ MOBILE _____

FAX _____ EMAIL _____

RNA MEMBERSHIP

Please advise if you are a current QLD RNA Financial Member YES NO

RNA Membership Name _____ RNA Membership No _____

STATEMENT BY EXHIBITOR

It is a condition of entry to the Royal Queensland Show that all Exhibitors must complete a declaration of their taxation status. If you do not complete this section of the form we may be required to withhold 46.5% of your prize payment.

The supply I make in entering this competition is made to the RNA in my capacity as an individual in the course of an activity which is a private recreational pursuit or hobby

OR I am not registered for GST and my ABN is as follows: _____

OR I am registered for GST and my ABN is as follows: _____

ABN: _____

I agree that the RNA can issue Recipient Created Tax Invoices in respect to Prize Money and I will not issue a tax invoice in respect to Prize Money. I will notify the RNA if I cease to be registered for GST. The RNA is registered for GST (ABN: 41 417 513 726) and agrees to notify you if it ceases to be registered.

PAYMENT OF PRIZE MONEY

Please note that prize payments are now paid via electronic funds transfer only. You may forgo your prize payment if you do not provide bank account details.

BANK _____ BRANCH _____

ACCOUNT NAME _____ BSB NO _____ ACCOUNT NO _____

METHOD OF PAYMENT FOR ENTRIES

I enclose a cash/cheque/money order Please debit my: VISA MASTERCARD for: \$ _____

(Cheques/Money orders made payable to the RNA)

Card Number _____ Expiry Date ____/____/____ Validation Code _____

All details must be completed (Validation code is the last 3 digits of the number in the signature panel at the back of your credit card)

Cardholder's Name _____ Cardholder's Signature _____

CONDITIONS OF ENTRY

(a) I hereby apply to enter the foregoing exhibits in terms of and upon the conditions set out in the Association's Rules, By-Laws and Regulations which I understand are available to me on request and by which I agree to be bound whether or not I have read them.

(b) I acknowledge that:-

- The Association is at liberty to consider or to refuse to consider this application, in its absolute and unfettered discretion.
- If the Association considers this application, it may choose to reject it, in its absolute and unfettered discretion.
- If the Association does not consider or rejects the application it shall not under any circumstances be required to give its reasons for so doing.
- Neither receipt by the Association of this application nor of monies lodged with the Association in connection with the application, nor the issue of a receipt or any other acknowledgement in respect of such monies, nor the banking of such monies, shall create any obligation on the Association to consider or accept this application.
- On acceptance of this application, all the terms of the agreement between the Association and me are as contained or expressly incorporated in this form, and I agree that all representations and statements not appearing herein or in the Rules, By-laws and Regulations are hereby excluded.

(c) I hereby certify that all particulars relative to entries set out on this form are correct in all details.

Signature of Intending Exhibitor **X** _____ Date **X** _____

OFFICE USE ONLY		ENTRY FEES	TOTAL		
Amount received by Reception				Receipt Date	
Amount received by Entries				Received By	
				Receipt No	

