Entry forms can be found online at: www.CairnsShow.com.au

PLEASE FORWARD YOUR ENTRY TO:

Cairns Show Association

P.O. Box 811, Bungalow QLD 4870

TEL: (07) 4042 6630 | FAX: (07) 4031 3671

Email: competitions@cairns-show.com

CAIRNS SHOW ASSOCIATION SCARECROW ENTRY FORM

One Section ONLY per Entry Form

All forms to be completed prior to delivery of exhibits

THE SECTION NUMBER YOU ARE ENTERING IS: _____

Please read the Special Regulations fo this Section

Mr Mrs Miss Ms *Please circle*	**SURNAME:**																								
FIRST NAME:																		**DOB: / /** *If under 18*							
SCHOOL IF APPLICABLE																									
POSTAL ADDRESS:																									
SUBURB:																	**POST CODE:**								
PHONE:											**MOBILE:**														
EMAIL:																									

Please accept my above entries subject to the General Conditions of Entry & Competition and Conditions of Entry of your Association. I agree to indemnify the CAIRNS AGRICULTURAL, PASTORAL AND MINING ASSOCIATION against liability for any accident, damage, loss or illness to any exhibit, exhibitor or competitor and agree that all competitions are under the complete and total control of the CAIRNS AGRICULTURAL, PASTORAL AND MINING ASSOCIATION whose decision in all matters is final.

SIGNATURE _____	**DATE:** _____

PLEASE CIRCLE WHICH CLASS YOU ARE ENTERING

Class 15001 Traditional Scarecrow - Group

Class 15002 Traditional Scarecrow - Individual

Class 15003 Open Scarecrow - Group

Class 15004 Open Scarecrow - Individual

NAME OF SCARECROW: _____

Entry forms can be found online at: www.CairnsShow.com.au

PLEASE FORWARD YOUR ENTRY TO:

Cairns Show Association

P.O. Box 811, Bungalow QLD 4870

TEL: (07) 4042 6630 | FAX: (07) 4031 3671

Email: competitions@cairns-show.com

DIRECT DEPOSIT: BENDIGO BANK

CAIRNS AGRICULTURAL, PASTORAL AND MINING ASSOCIATION

BSB: 633 000 ACCOUNT NO: 1548 76270

CASH: Cash payments may be made at the Cairns Show Office, Cairns Showgrounds

Card Number: | | | | | | | | | | | | | | | | **CCV #:** | | | |

Expiry Date: | | | | **Amount Paid:** _____ **Method of Payment**: ☐ Visa ☐ MasterCard *(please tick)*

Signature: _____ **Date:** _____