

Entry forms can be found online at: <a href="www.CairnsShow.com.au">www.CairnsShow.com.au</a>
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 SECTION 6 & 8 CATTLE ENTRY FORM -**ONE STUD ONLY PER PAGE**

## \* Fields marked with an asterisk must be completed THE SECTION NUMBER YOU ARE ENTERING IS: \_\_\_\_ STUD PREFIX \_\_\_\_\_STUD OWNER \_\_\_\_\_ \*WAYBILL NUMBER Class NLIS ID Name of Exhibit + Sire Breed Sex B.O.D Age Dam Fee Calves NO. Name Name Total \$

\*Number of Senior Cattle entered: \_\_\_\_\_\*Number of Junior Cattle entered: \_\_\_\_\*Number of Calves at foot: \_\_\_\_\_\*

| Cattle | Entry | Form |
|--------|-------|------|

No.

Date Effective: 01/01/2024 Uncontrolled document when printed

Current Version: CSAC 117 V2



Entry forms can be found online at: <a href="www.CairnsShow.com.au">www.CairnsShow.com.au</a>
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

### STATEMENT BY COMPETITOR

| It is a condition of Tick the approprior I agree that the C                                 | ate box   | k and r        | ecord                      | ABN v                    | where                     | applio                              | able.                               |                            |                                     |                                      |                                     |                              |                         | ration                  | of the                     | ir taxa                  | tion st         | atus.  |   |  |   |
|---|---|----------------|----------------------------|--------------------------|---------------------------|-------------------------------------|-------------------------------------|----------------------------|-------------------------------------|--------------------------------------|-------------------------------------|------------------------------|-------------------------|-------------------------|----------------------------|--------------------------|-----------------|--------|---|--|---|
| I will notify the C<br>Are you undertak<br>No   |   |                |                            |                          | ered fo                   | r GST<br>Ye                         | s                                   | _ No _                     | _ '                                 | s this                               | activit                             | y part                       | of a b                  | usines                  | s ente                     | erprise                  | ? Ye            | s      |   |  |   |
| If Yes, do you ha<br>ABN  |   |                |                            |                          |                           |                                     |                                     | Yes .                      | 1                                   | No                                   | -                                   |                              |                         |                         |                            |                          |                 |        |   |  |   |
| STUD NAME:  |   |                |                            |                          |                           |                                     |                                     |                            |                                     |                                      |                                     |                              |                         |                         |                            |                          |                 |        |   |  |   |
| NAME (OWNER):   |   |                |                            |                          |                           |                                     |                                     |                            |                                     |                                      |                                     |                              |                         |                         |                            |                          |                 |        |   |  |   |
| PHONE:  |   |                |                            |                          |                           |                                     |                                     |                            |                                     |                                      |                                     |                              |                         |                         |                            |                          |                 |        |   |  | Ī |
| EMAIL:  |   |                |                            |                          |                           |                                     |                                     |                            |                                     |                                      |                                     |                              |                         |                         |                            |                          |                 |        |   |  |   |
| POSTAL ADDRESS:   |   |                |                            |                          |                           |                                     |                                     |                            |                                     |                                      |                                     |                              |                         |                         |                            |                          |                 |        |   |  |   |
|   |   |                |                            |                          |                           |                                     |                                     |                            |                                     |                                      |                                     |                              |                         |                         |                            |                          |                 |        |   |  |   |
| ANIMALS:  |   |                |                            |                          |                           |                                     |                                     |                            |                                     |                                      |                                     |                              |                         |                         |                            |                          |                 |        |   |  |   |
|   |   |                |                            |                          |                           |                                     |                                     |                            |                                     |                                      |                                     |                              |                         |                         |                            |                          |                 |        |   |  |   |
| The information<br>Association (CS<br>for membership<br>details. Compet<br>information will | A) to o<br>or ent<br>ition ir   | offer natering | nembe<br>our co<br>ation r | er serv<br>ompe<br>nay b | vices<br>titions<br>e mad | ication<br>or to<br>s you<br>de ava | n for i<br>organ<br>conse<br>ilable | ise an<br>ent to<br>to the | ership<br>Id con<br>provid<br>e med | or ap<br>duct of<br>de suc<br>ia and | oplica<br>comp<br>ch det<br>l inclu | etitior<br>ails a<br>ided ii | s at the<br>your<br>CSA | he Cai<br>name<br>publi | irns S<br>e, add<br>icatio | how.<br>ress a<br>ns. Yo | By ap<br>and ex | plying | 3 |  |   |
| your Associatio   | 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 |                |                            |                          |                           |                                     |                                     |                            |                                     |                                      |                                     |                              |                         |                         |                            |                          |                 |        |   |  |   |

Date:\_

Cattle Entry Form

Uncontrolled document when printed

Signature:\_

whose decision in all matters is final.

Date Effective: 01/01/2024

Current Version: CSAC 117 V2



# Entry forms can be found online at: <a href="www.CairnsShow.com.au">www.CairnsShow.com.au</a> 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

|   |  |   |  |  |  |  |  | ENT  | RY FI  | <u>EES</u>  |  |  |   |  |  |  |  |  |  |  |   |
|---|--|---|--|--|--|--|--|--|--|---|--|--|---|--|--|--|--|--|--|--|---|
| Card Number:  |  |   |  |  |  |  |  |  |  |   |  |  |   |  |  | ccv  | / #:   |  |  |  |   |
| Expiry Date:  |  |   |  |  | \mou   | nt Pa  | id:  |  |  | Me<br>tick  |  | of Pa  | yme   | <u>nt:</u> □   | <u>Vis</u>   | <u>a</u> □   | Mas  | <u>terCa</u>   | <u>rd (p</u>   | lease  | <u> </u>                                      |
| Signature: Date:  |  |   |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |  |  |   |  |  | v   | VE E   | ENC  | OUF  | RAG  | SE C   | ASH  | LES  | S   |
| DIRECT DEBIT: BENDIGO BANK  |  |   |  |  |  |  |  |  |  |   | •  |  |   |  |  |  |  |  |  |  |   |
| CAIRNS AGRICULTURAL, PASTORAL AND MINING ASSOCIATION BSB: 633 000 ACCOUNT NO: 1548 76270 (Please use name as reference) CASH: Cash payments may be made at the Cairns Show Office, Cairns Showgrounds.  |  |   |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |   |
|   | ,  |   | .,   |  |  |  |  |  |  | ,   |  |  |   |  |  |  |  |  |  |  |   |
| Please provide account details for prize money IF DIRECT DEPOSIT IS PREFERRED   |  |   |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |   |
| NAME:   |  |   |  |  | _  |  |  |  | BSB_   |   |  |  |   |  |  |  |  |  |  |  |   |
| ACCOUNT #   |  |   |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |  |  |   |
| By participating in  1. I acknowle the Society indemnify t Event. Th assigns.  1. I acknowled indirectly as howsoever duty, defaul Event, or otl  2. I acknowled complete.  4. I warrant th medical pra risk that eith  5. I consent to directly asso 6. I acknowled or body dire person or b connected to directly or in  Signature: | n the E dge the from a sis release the social dge the social dge the social dge the social dge the flowing dge that at I a ctition dge that divided the flowing dge that divided divid | Evential it is all cagain and it all cagain asse at it it is all coron are as a set in a set | t: is a claimsside and is a continuous artici m pa e Soc artici m pa e Soc artici n the e s a co artici re by social | conditions, demonstrates to conditions of co | on of   sands a continuous properties or one of the particle o | partice and pany ir and for any ir and for any ir and for any ir and for any ir | ipatin rocee hipory, I bind icipation to be a continued to be a co | edings loss of sall of | e Eve<br>arisin<br>r dam<br>f my<br>the E<br>all lia<br>e Eve<br>and a<br>olve<br>provid<br>vent<br>any<br>ry, los<br>mbula<br>iried c<br>Ever<br>t all ti | nt that g out of age a heirs,  Event to bility a nt what any pe a risk ded by and the pre-ess, or during that that mes. It from a rection | t I do of or or rising succe that t t arising atsoeverson of se me a at I I existin anasp the ev I follo I inde all cla s give | so at connection of the sound state of the sound st | my cected of or of sected of or of sected of or of sected occiety injury hether of sected of sected occiety injury hether of sected occiety injury hether occiety injury hether occiety injury | own rimination with connection or decreased with a connection or due rectly ry or and all elements at the connection where the connection with the | isk. my pectectors, pectectors | I acceparation of the second o | ept a ipation my mal reson (so mysself) at the resonant at the | Il risks on in the partice par | he Evipation  he | ent an nin the rest and the res | nd he nd or rty of he ks nd ed he dy on ny or |
| Signature:  |  |   |  |  |  |  |  |  | Date   | ):  |  |  | _   |  |  |  |  |  |  |  |   |
| Print Name in I ACKNOWLEDGITS TERMS AND FREELY AND V  | SE TH<br>O THA   | AT I  | HAV<br>HAVI  | E REA  | D TH<br>EN UI  | IIS FO   | BSTA   | NTIAL  | RIGI   | HTS B   | Y SI   | GNIN   | G IT.   | ΙH   | AVE  | SIGN   | NED  | THE  | DOC  | UMEN   | VΤ  |

COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Cattle Entry Form

Date Effective: 01/01/2024



Entry forms can be found online at: <a href="www.CairnsShow.com.au">www.CairnsShow.com.au</a>
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

### DECLARATION OF MINORS - UNDER 18 YEARS OF AGE

| If you are under the age of 18 years on the Event Day your parent or guard   | ian must sign this declaration.                       |
|--|---|
| I certify that I am the parent or guardian of the Competitor/Exhibitor of years of age on the day of the Event and that he/she has trained agree to the above for myself and on behalf of my child I indemnify associated with the conduct of the events on the terms referred to. | for and has my consent to participate in the Event. I |
| Signature of parent/guardian:  | _ Date:   |
| Print name in full:  |   |

Date Effective: 01/01/2024

Current Version: CSAC 117 V2