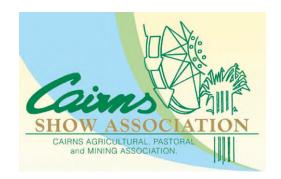
ABN: 14 009 656 222



Cnr. Severin St & Mulgrave Road PARRAMATTA PARK QLD 4870 PO Box 811 BUNGALOW QLD 4870

> P: 07 4042 6699 F: 4031 3671 reception@cairns-show.com www.cairnsshow.com.au

GENERAL STABLING AGREEMENT FORM

OWNER DETAILS:					
NAME OF ANIMAL OWNER:					
PHONE / MOBILE:					
EMAIL ADDRESS:					
POSTAL ADDRESS:					
ANIMAL/S CARETAKER DETAIL	LS: if different fro	m above)		
NAME OF CARETAKER:					
PHONE / MOBILE:					
ANIMAL/S DETAILS:					
NUMBER ANIMALS:		TYPE:			
STABLING DATES FROM:		TO:		NO. OF NIGHTS:	
Your application for Stabling and assigned conditions and return of a signed co 1. The stables/stalls allocated will be Office must be notified first if change 2. All stables/stalls must be cleaned exclusion of future use / stays at the 3. Bedding is to be supplied by the F 5. Payment must be made before the days after the hire period.	opy of this form. the only stables/ses are required. (Farther use. Failure Cairns Showgroudirer.	stalls utili ailure to to do so nds.	sed by the Hirer. do so will incur e will incur addition	The Cairns Show extra costs.) The Cairns Show extra cost of \$20 and	Association
I agree to the above conditions whils failure to comply with these condition payments.				-	
SIGNATURE:			DATE:		

•	permission by the Cairns Show Cairns Showgrounds, I do he		•		blic			
SIGNATURE:	_X							
BOOKING:								
STABLING	\$11.00 per night, or	No. of stables	No. nights	\$				
	\$70.00 per week (7 nights)	No. of stables	No. weeks	\$				
Subtotal				\$				
Surcharge*	o.95% for debit, Visa and Mastercard credit card charges. 1.5% surcharge for American Express.							
			TOTAL HIRE F	•				
PAYMENT:								
CARD TYPE:								
NAME ON CARD:				CVV:				
CREDIT CARD NO.:				EXPIRY:	/			
	like a tax invoice emailed to r	me						
OR VIA DIRECT DEPOSIT:								
Yes, I would like to pay via Direct Debit. Please email a tax invoice to me								
ACCOUNT NAME BSB: 633 000 ACCOUNT #: 154 REFERENCE: Yo		I and Mining A	Association					
Special Condition	ns – check list (must be cor	npleted). Plea	ase tick all that app	oly:				
☐ Health and N	Movement Declaration Forms							
I have read and agre the Cairns Showgrou	e to the Cairns Show Association ands.	's camping term	s and conditions and H	ealth Management F	lan for			
SIGNATURE:	_X_		DATE:					