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GENERAL STABLING AGREEMENT FORM

OWNER DETAILS:

NAME OF ANIMAL OWNER:

PHONE / MOBILE:

EMAIL ADDRESS:

POSTAL ADDRESS:

ANIMAL/S CARETAKER DETAILS: *if different from above*

NAME OF CARETAKER:

PHONE / MOBILE:

ANIMAL/S DETAILS:

NUMBER ANIMALS:

TYPE:

STABLING DATES FROM:

TO:

NO. OF NIGHTS:

Your application for Stabling and associated facilities is approved subject to the following terms and conditions and return of a **signed copy** of this form.

1. The stables/stalls allocated will be the only stables/stalls utilised by the Hirer. The Cairns Show Association Office must be notified first if changes are required. (Failure to do so will incur extra costs.)
2. All stables/stalls must be cleaned after use. Failure to do so will incur additional cost of \$20 and/or possible exclusion of future use / stays at the Cairns Showgrounds.
3. Bedding is to be supplied by the Hirer.
5. Payment must be made before the stables/stalls are occupied. Any additional costs are payable within seven days after the hire period.

I agree to the above conditions whilst stabling my Horses/Livestock at the Cairns Showgrounds and I realise that failure to comply with these conditions can lead to eviction from the Cairns Showgrounds with no refund of payments.

SIGNATURE:

X

DATE:

Having been given permission by the Cairns Show Association to stable my Horses/Livestock in the stables/stalls at the Cairns Showgrounds, I do hereby indemnify the Cairns Show Association of any Public Liability.

SIGNATURE: _____
X

BOOKING:

STABLING	\$11.00 per night, <i>or</i>	No. of stables	No. nights	\$
	\$70.00 per week (7 nights)	No. of stables	No. weeks	\$
Subtotal				\$
Surcharge*	<i>0.95% for debit, Visa and Mastercard credit card charges. 1.5% surcharge for American Express.</i>			\$

TOTAL HIRE FEES \$

PAYMENT:

CARD TYPE: _____

NAME ON CARD: _____

CREDIT CARD NO.:

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CVV:

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EXPIRY:

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Yes, I would like a tax invoice emailed to me

OR VIA DIRECT DEPOSIT:

Yes, I would like to pay via Direct Debit. Please email a tax invoice to me

ACCOUNT NAME: Cairns Agricultural, Pastoral and Mining Association
 BSB: 633 000
 ACCOUNT #: 1548 76270
 REFERENCE: Your name

Special Conditions – check list (must be completed). Please tick all that apply:

Health and Movement Declaration Forms

I have read and agree to the Cairns Show Association’s camping terms and conditions and Health Management Plan for the Cairns Showgrounds.

SIGNATURE: _____
X

DATE: _____