



General Entry Form

ONE SECTION PER ENTRY FORM - Entry Fee **must** accompany Entry Form
NO LATE ENTRIES WILL BE ACCEPTED

PLEASE PHOTOCOPY THIS ENTRY FORM IF ADDITIONAL SPACE IS REQUIRED

Entrant's Details
(Please print clearly)

Entrant Name: _____

Address: _____

Phone Number:..... Mobile: Email:.....

Method of Collection of Exhibit: I will collect my exhibits at close of show Saturday evening (no earlier than 6.30pm).

Section:-

Class	Particulars of Exhibits	Entry Fee \$	
Total of Entry Fees		\$	
Total Amount Paid		\$	

It is a condition of entry to the Roma Show that all exhibitors must complete a declaration of their taxation status. Please tick appropriate box and record your ABN where applicable. I also agree that the Roma Show Society may issue a Recipient Created Tax Invoice in respect to Prize Money on my behalf.

Are you undertaking this activity as a hobby? Yes No
 Is this activity part of a business? Yes No
 If yes, do you have an ABN? Yes No If yes your ABN number _____

Receipt (Please complete and hand to Section Steward)

Name: _____
 Address: _____
 No of Classes: _____ Total Entry Fees Paid: _____ Paid by: Cash/Cheque/Direct Deposit
 Signed (by Entrant): _____

PO BOX 139, Roma Qld 4455

Mobile: 0497 225 698 Email: secretary@romashow.com

Web: www.romashow.com Facebook: www.facebook.com/romashowsociety/

Roma Show Society Inc ABN 49 334 968 854