



General Art 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 _____

CLASS	MEDIUM	TITLE OF ARTWORK	SALE PRICE	ENTRY FEE	Office Number	Received	Return
TOTAL (incl GST)							

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 _____

DISABILITY Only tick if you have a disability and wish to be considered for the Achievement over Adversity Award

I hereby accept all the conditions of Entry and declare these entries are my original work completed in the last 12 months.

Competitor's Declaration: - By signing this Entry Form, all competitor's/Exhibitor's have read and understood the Rules and Regulations and agree to be bound by such. Competitor's/Exhibitor's also consent and agree that the Roma Show Society has the right to take or use photography of him or her (and/or your property) and use the photos in any and all marketing and media worldwide, including online, now and in the future, as per the relevant Section Schedule.

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): _____

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Roma Show Society Inc ABN 49 334 968 854



Updated October 2021