KALBAR & DISTRICT AGRICULTURAL & PASTORAL ASSOCIATION INC.

Postal: PO Box 38, Kalbar QLD 4309
Phone: (07) 5463 7360
Fax: (07) 5463 7360
Email: admin@kalbarshow.com.au
www: http://www.kalbarshow.com.au

Event Competing In:	☐ **Annual Show** ☐ **Other Show**
Dates / Duration of Event::	
Livestock Section:	

LIVESTOCK ENTRY FORM

Note: A separate entry form must be used for each Livestock Section entered
Note: All Livestock entries must be accompanied by a signed "Waiver Release Form"

Name of Exhibitor:					
Exhibitor Address:					
Suburb:		**State:**		**P/Code:**	
Phone No. (B/H):		**Phone No. (A/H):**			
Fax:		**Mobile No.:**			
Email Address:					

Exhibitors may submit their entries to the address listed in their schedules or alternatively to any of the contact means included on this form. All entries **MUST** be received prior to the closing date specified in the appropriate schedule. Entry fees must either accompany the submission of the entry form or alternatively be paid on arrival at the Event prior to the commencement of judging.

Class No.	Description of Entries	Entry Fee	No. of Entries	Total
			Grand Total:	

Exhibitor Statement of Compliance: ☐ **Waiver, Release Form Attached**

Subject to the by-laws and regulations of the Queensland Chamber of Agricultural Societies, except where such may be modified or added by-laws and regulations of the Kalbar Show Society, all of which are deemed herein as if included and inserted at full length. I, the undersigned make the following entries for the forthcoming show and confirm the entries as being my bone-fide property

I hereby acknowledge that the policies contained within this application and the waiver, release form have been read and understood and all care has been taken to adhere to their governance.

Signature: _____

Name: _____

Date: _____

OFFICE USE ONLY

Entries Enterred:			**Date Form Received:**	
Date Processed:			**Date Payment Received:**	
Processed By:			**Date Entrant Notified:**	