KALBAR & DISTRICT
AGRICULTURAL & PASTORAL
ASSOCIATION INC.

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

POULTRY & WATERFOWL ENTRY FORM

Name of Exhibitor:		**All Feathers Member No.:**			
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	Office Use Pen No.(s)
			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 have been read and understood and all care has been taken to adhere to their governance.

Signature: _____

Name: _____

Date: _____

OFFICE USE ONLY

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