2023 MOUNT MORGAN SHOW – GENERAL ENTRY FORM

(TO BE USED FOR ALL SECTIONS – HORSES, CATTLE, CAGED BIRDS, POULTRY AND PAVILION)

***FOR CATTLE ENTRIES – PLEASE INCLUDE NAME OF ANIMAL, DATE OF BIRTH AND NLIS NO.**

***FOR HORSE ENTRIES – PLEASE INCLUDE NAME OF ANIMAL AND NAME OF RIDER**

To the Mount Morgan Show Secretary (or section representative), subject to the rules, by-laws and regulations of your section and the Mount Morgan Agricultural Show Society, I make the following entries for the 2023 Mount Morgan Show. **Exhibitors must pay fees with entry forms – no late fees accepted. (See page 2 for payment options) If printing, please print clearly all the details for the classes you are entering. Illegible information may cause errors.**

Section	Class No.	Description of Entry	Fees Paid

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(If insufficient space, use page 2 but be sure to put your name in case they become separated)

Exhibitor name (print)……Age (Junior/Teen Events)……

Email……Mobile……

Home address……Postcode……

I have read and agree with the special conditions applying to the section I have entered and declare the exhibits to be my property and eligible to contest events entered. If the Show Society accepts my nomination/s, I agree to abide by any decision of it's committee and to release the Mount Morgan Agricultural Show Society, it's committee and members from any action, suit, claim or demand that I may have against it, them, or any of them for or in conjunction with any loss, damage or injury suffered by me on the premises of the Show Society, or at, or in the course of the Show.

Signature of Exibitor……Date…….

Upon delivery of exhibits, answer these questions. If under 18 years, parent/guardian to sign. **In the previous 14 days, have you:** • **Had any Covid-19 symptoms? Yes No** • **Been in contact with any confirmed/suspected Covid-19 cases? Yes No** • **Travelled internationally or from a Hotspot? Yes No** **Name……** **Signature……Date…….**	**Upon collection of exhibits, answer these questions. If Under 18 years, parent/guardian to sign.** **In the previous 14 days, have you:** • **Had any Covid-19 symptoms? Yes No** • **Been in contact with any confirmed/suspected Covid-19 cases? Yes No** • **Travelled internationally or from a Hotspot? Yes No** **Name……** **Signature……Date…….**

Section	Class No.	Description of Entry	Fees Paid
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Exhibitor Name……

PAYMENT OPTIONS:

- Direct Deposit
  Bank: Commonwealth, Rockhampton
  Mount Morgan Agricultural Show Inc
  BSB: 064710
  Acc: 10689930
  Reference: Section Your Name

- By Cheque/Cash