

ENTER ONLINE AT: www.fostershow.com

**ENTRY FORM FOR FOSTER & DISTRICT AGRICULTURAL SHOW
FOR ALL ANIMALS**

CLOSING DATE FOR ENTRY FORMS/PAYMENTS: MONDAY PRIOR TO SHOW DAY

Section	Class No.	Animal DOB	Cattle breed	EFA No. PIC No. Breed No.	Animal's name	Exhibitor's name if different from below	Entry fee	
Please make cheque payable to Foster & District Show Society and drop off at Foster Foodworks or post to: PO Box 150 FOSTER 3960 email to: fostershow@gmail.com BSB: 633000 Acc: 120938477 ABN: 28 744 988 195 EFA: 301 25 65 PIC: 3SGUF272				Total Entry Fees				
				Show Affiliation Fee: - \$10 Single or \$20 admits up to 2 adults + Affiliates children under 16 - entitles free entry to Exhibit Shed competitions *Please include stamped, self-addressed envelope for return of ticket.				
				Donation to Foster Agricultural Show Society				
				TOTAL TO PAY * [TICK IF PAID BY EFT <input type="checkbox"/>] * Please leave initial & surname as reference				

Exhibitor Name:

Address:

Phone: Email:.....

I agree to abide by the Rules & Regulations of the Society, the EFA or any other appropriate Breed Society and abide by the disciplinary actions and penalties of the respective Committees

Signed.....

ENTER ONLINE AT: www.fostershow.com

**ENTRY FORM FOR FOSTER & DISTRICT AGRICULTURAL SHOW
FOR ALL EXHIBITS**

- EXCLUDING ANIMALS & PHOTOGRAPHY

CLOSING DATE FOR ENTRY FORMS/PAYMENTS: MONDAY PRIOR TO SHOW DAY

Section	Class No.	Description of entry	Exhibitor's name if different from below	Entry fee
Please make cheque payable to Foster & District Show Society and drop off at Foster Foodworks or post to: PO Box 150 FOSTER 3960 email to: fostershow@gmail.com		Total Entry Fees		
BSB: 633000 Acc: 120938477 ABN: 28 744 988 195		Show Affiliation Fee: - \$10 Single or \$20 admits up to 2 adults + Affiliates children under 16 - entitles free entry to Exhibit Shed competitions *Please include stamped, self-addressed envelope for return of ticket.		
EFA: 301 25 65 PIC: 3SGUF272		Donation to Foster Agricultural Show Society		
		TOTAL TO PAY *[TICK IF PAID BY EFT <input type="checkbox"/>] *Please leave initial & surname as reference		

Exhibitor Name:Age if under 16:

Address:

Phone: Email:.....

I agree to abide by the Rules & Regulations of the Society and VAS Ltd and abide by the disciplinary actions and penalties of the respective Committees.

Signed.....