MAKE SMOKING HISTORY

# KELMSCOTT SHOW

# 2016 GENERAL ENTRY FORM

## FOR SECTIONS A to R

KAS
KELMSCOTT AGRICULTURAL SOCIETY
EST 1897

AFFILIATED WITH THE ROYAL AGRICULTURAL SOCIETY OF WA

P.O. Box 40, Kelmscott WA 6991
Phone: (08) 9495 4001
info@kelmscottshow.com.au, www.kelmscottshow.com.au
Showground: Rushton Park, River Rd Kelmscott

**OFFICE USE ONLY :** _________ TO _______

For Entry Conditions, Privacy Statement, Return by Dates and Lodging of Entry Forms, Direct Deposits to KAS please refer to "How to Exhibit" and "Information For Exhibitors" printed in the Schedule. Entry Fees are as specified in each Section of the Schedule.

**A SEPARATE ENTRY FORM IS REQUIRED FOR EACH EXHIBITOR.** Photocopied forms are acceptable (Electronic versions available for download on the KAS website). Show Entrance Fee is applicable to all Exhibitors.

EXHIBITORS ARE REQUESTED TO LODGE THEIR ENTRIES **AS EARLY AS POSSIBLE.**
ENTRIES WILL NOT BE REGISTERED UNTIL FEES ARE PAID.

| OFFICE USE | CLASS No. | NO. OF ENTRIES | CLASS DESCRIPTION | ENTRY FEE $ | c |
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| | | | **TOTAL $** | | |

I certify the above particulars are correct, and I agree to confirm to and be bound by the By-Laws and Regulations and Privacy Statement as printed in the Schedule of the 2016 Make Smoking History Kelmscott Show, and make these entries subject to the ordinary Rules, such Regulations and By-Laws of the Society, and hereby hold the Society free from any liability in connection with any mistakes or errors that may be made in these entries or in the Catalogue of Exhibits.

Exhibitor's Name: ____________ Exhibitor ID: ______ (Office Use)

School Name: ____________ School Year: ______

Address: ____________ Postcode: ______

Phone: ______ Mobile: ______ Email: ______

Signature: ______ (parent or guardian if under 18) Date: ______ I have exhibited before: Yes / No Year: ______

Survey- I collected the schedule collected from (location): ____________

MAKE SMOKING HISTORY healthway