

2022 ROSEWOOD AGRICULTURAL & HORTICULTURAL ASSOCIATION INC.

GENERAL ENTRY FORM

Exhibitors are requested to send their Entries to the Secretary, Rosewood A. & H. Association Inc., P.O. Box 19, Rosewood, Qld. 4340 as early as possible before the Closing Date specified in Schedule. **NO LATE ENTRIES ACCEPTED. NOT MORE THAN ONE SECTION TO BE ENTERED ON THIS FORM.** Entry Fee must accompany this form.

THIS IS A COVID SAFE EVENT – PLEASE COMPLY WITH THE CURRENT QUEENSLAND HEALTH REQUIREMENTS.

Entry Fee must be paid at the Show Office OR by direct deposit to Bendigo Bank - BSB: 633-000. Account Number: 133617597 Details: Surname and Section Entered (Photography). Evidence of payment is to be shown when entries are delivered.

Showground's Secretary Office will be open from Monday 20th June 2022

TO THE SECRETARY - Subject to the By-Laws and Regulations of the Queensland Chamber of Agricultural Societies, except where such may be modified or added by By-Laws and Regulations of the Rosewood Show Society, all of which are deemed herein as if included and inserted at full length. I, the undersigned made the following Entries for the forthcoming Show, the same being my bona-fide property: -

FOR OFFICE USE ONLY	SECTION	CLASS	STATE PARTICULARS OF EXHIBIT & ALL EXHIBITS Name of Animal, Date of Birth and Breed.	Entry Fee	
				\$	¢

NAME OF EXHIBITOR, Mr, Mrs, Miss, Ms
(Block Letters)

POSTAL ADDRESS

EMAIL **CONTACT NUMBER**

I have read and agree to the special regulations applying to the section I have entered and declare the exhibits to be my property and eligible to contest events entered. If your association accepts the fees I agree to abide by any decision of its committee and to release the Rosewood Show Society, its 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 association, or at, or during the course of the show.

I agree to abide by the Rosewood Show Society Safety Plan all Current Covid-19 Health directives current at the time of show. I understand that I must not attend the show if I have any Covid-19 symptoms or unwell and upon entry to the grounds must sign in with the QR code for the contract tracing (assistance will be supplied).

SIGNATURE OF EXHIBITOR

Office Use	Receipt No.	Date	
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