2019 Rockhampton Agricultural Show Exhibit Entry Form – Caged Birds, Pigeons, Poultry and Water Fowl

Privacy Notice: Council deals with your personal information in accordance with law including the Information Privacy Act 2009.



This form is to be completed when any person, organisation or exhibitor wishes to enter into the Caged Birds, Pigeons, Poultry and Water Fowl sections of the 2019 Rockhampton Agricultural Show. This form must be completed and submitted to Council's PO Box 1860, Rockhampton QLD 4700 or show@rrc.qld.gov.au at the earliest possible date.

P: 07 4932 9000 | E: show@rrc.qld.gov.au | W: www.rockyshow.com.au | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

Entrant Details								
Organisation name:								
Contact name:								
	Fii	rst			Middle		Las	t
Title:	Miss [☐ Mrs	☐ Ms	☐ Othe	(please specify):			
Date of birth:				ABN:				
Residential address:								
	S	treet numbe	er and name		C	Dity	State	Postcode
Postal address (if different):								
Preferred contact number: Email:								
Preferred delivery method: Email Post Collect – (Rockhampton, Gracemere, Mt Morgan)								
Email is the standard form of co	ntact. If this	s method is	unsuitable ple	ease select a	an alternative.			
Fees and Charges								
Please refer to the appropriate section in the Fees and Charges Schedule for the Rockhampton Agricultural Show located at www.rockyshow.com.au .								
Payment Information								
A representative from Rockhampton Regional Council will contact you via phone to arrange payment upon return of								
this form. In person You can pay at Council's Customer Service Centres: 232 Bolsover Street, Rockhampton; 32 Hall Street, Mount								
Morgan; 1 Ranger Street, Gracemere. By post Make your cheques/money order payable to 'Rockhampton Regional Council' and send to PO Box 1860, Rockhampton, Queensland, 4700 with a copy of your entry form.								
Exhibit Details								
Please select the relevant	t section:	☐ Ca	aged Birds		Pigeons	☐ Poultry		Water Fowl
					rigeons			
Class Number	Brief D	escriptio	on of Exhib)IT			Entry	ree
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Exhibit Details continued							
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	Administration Levee	\$1.00					
	TOTAL	\$					
Declaration							
I declare that the details submitted on this form are correct to the best of my ability.							
Name:	Signature: Date:						