

SECT.	CLASS	EXHIBITOR	OWNER (if not same as exhibitor)	HORSES – NAME	REG #	DOB Classes 1-4&7a	ENTRY FEE

EFT Payments
 Bank: Commonwealth Bank
 Acc Name: Circular Head Agricultural Society
 BSB: 067 – 408 ACC: 1011 5612
 Reference: HE and your name and email payment notification to chagsociety@gmail.com

ENTRY FEES \$ _____
 MEMBERSHIP \$ _____
 STALLS \$ _____
 STRAW ____ @ \$4/Bale \$ _____
 TOTAL \$ _____

Receipt #..... Date Paid

STALL REQUEST FOR FRIDAY / SATURDAY NIGHT

A \$5.00 charge per stall per night will apply with preference given to horses competing in SECTION A2.
 If you require stall(s) please complete the section below and return with your entry form.

Name:

No. of stalls required

Friday night

Saturday night

Total cost: \$

All stalls to be vacated & cleaned by 10:30 am Sunday
 Please do not hire extra stall for gear only.