



SECT.	CLASS	EXHIBITOR	OWNER (if not same as exhibitor)	HORSES – NAME	REG #	DOB Classes 1a,6&9 a	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.