**Coffs Harbour Show Society Inc.** PO Box 219, Coffs Harbour 2450 Phone: 0428 523 559 email: coffsshow@aim.com.au

**VVVV**

**EXHIBITORS ENTRY FORM**

Please check all sections for closing dates and times. NO LATE ENTRIES WILL BE ACCEPTED

**Total**

I have read and agreed to abide by the Rules and Regulations of the Coffs Harbour Show Society and will not hold the Society responsible for any loss or damage to these exhibits, accident, wrongful delivery or any other cause whatsoever and I have signed the required Coffs Harbour Show Society Waiver form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Section** | **Class** | **Description – name of animal, person or exhibit** | **Entry Fee** |
| eg: 10 | 23 | lettuce | $1 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **$** |

|  |
| --- |
| Please PrintName: |
| Address: |
|  |
| email: | Phone: |
| Signed: | Date: |