WYNYARD AGRICULTURAL & PASTORAL SOCIETY INC.

(ABN: 39 075 328 277)

SECTION A - CARRIAGE DRIVING

CLASS Number	HORSES NAME	RIDER/EXHIBITORS NAME	ENTRY FEE
		TOTAL ENTRY FEES	$

Cheques are to be made payable to:-

WYNYARD AGRICULTURAL & PASTORAL SOCIETY Inc.

________ Number of Horses Entered

Have you completed and signed the Indemnity/Waiver Form? ____________

Parent or Guardian MUST sign Parental Indemnity/Waiver if competitor is under 18 years on show day

Exhibitors Name:____Phone:____________________

Exhibitors Address:____

Exhibitors Signature:______________________________ Date:______________________

Exhibitors Email Address:____

No Receipt will be posted unless a stamped self addressed enveloped is received with entries

DIRECT DEPOSIT DETAILS : Bank – W/Pac, BSB – 037-620, Account Number - 990120

(Please attach remittance advice when returning this form if paying by Direct Deposit)