INNISFAIL & DISTRICT SHOW SOCIETY INC.

WORK OF ART – SECTION 1A

2019 ART ENTRY FORM

ALL ART ENTRIES MUST BE COMPLETED ON THIS ENTRY FORM.

ENTRIES CLOSE in this Section TUESDAY 9th JULY 2019 AT 5.00 PM
following instructions in accordance with the Schedule.

(Office Use Only)

CLASS NO.	TITLE	MEDIUM/SUPPORT (E.g. Acrylic / Canvas)	PRICE or N.F.S.	ENTRY FEE	PRIZE MONEY

ALL NOMINATIONS MUST BE PAID FOR WHEN ENTERING. **TOTAL FEES $ ……**

EXHIBITOR: Mr Mrs Miss Ms **SURNAME:** …….

FIRST NAME: ……..... **If under 18 (YOUTH) > DOB:** _ _ /_ _ / _ _ _
INDIGENOUS: - YES / NO *ABORIGINAL OR *TORRES STRAIT ISLANDER (circle which)
POSTAL ADDRESS:
……..
…… **POSTCODE:**……

PHONE: ……**MOBILE:** ……...

EMAIL: ……

Are you undertaking this activity as a hobby? YES NO (circle which)
Is this activity part of a business enterprise? YES NO (circle which)
If YES, do you have an ABN? YES NO (circle which)
If YES, what is your ABN? _ _ _ - _ _ _ _ - _ _ _ _
Are you REGISTERED FOR GST? YES NO (circle which)
Your registered TRADING NAME:
…….....

Declaration: I have carefully read and agreed to the Schedule's Rules and Conditions published and certify that each of the entries listed here is my own original, unaided work executed within the year prior to the Show and that the work has not been awarded any major prize in any other competitions.

EXHIBITOR'S Signature: …… **Date:** ……
PARENT/GUARDIAN SIGNATURE REQUIRED FOR YOUTH – UNDER 18 YEARS OF AGE
Declaration: I certify that I am the parent or guardian of the Competitor/Exhibitor of
……. who will be .....……. years of age on the day of the Event and that he/she has trained for and has my consent to participate in the Art Event.

Signature of Parent/Guardian: …… **Date: ……..**
PARENT/GUARDIAN SIGNATURE REQUIRED FOR YOUTH – UNDER 18 YEARS OF AGE