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Card Number																			
Expiry Date	___ / ___		Amount						\$										
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**Bank Details for Online Payment:**

Account Name: Mackay Show Association  
BSB: 034-195 ACC: 130600    Ref: Name OR last four digits of phone number

**You must use a reference so that we can trace your payment.**

**Please forward your entry form to:**

<b>Post:</b> Mackay Show Association PO Box 1014 MACKAY QLD 4740	<b>Deliver:</b> Mackay Show Association 24 Milton Street MACKAY QLD 4740	<b>Phone/Fax/Email</b> Phone: 07 4957 3916 Fax: 07 4953 4524 Email: <a href="mailto:reception@mackayshow.com.au">reception@mackayshow.com.au</a>
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**Privacy Statement:** The information provided by you in application to enter is used by the Mackay show Association to offer **services or to organise and conduct competitions at the Mackay Show.** By entering our competitions, you consent to provide such details as your name, address and exhibit details. Competition information may be made available to the media and be included in Mackay Show publications. Your information will not be disclosed without your consent for any other purpose unless required by the law.

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Please accept my above entries subject to the Conditions of Entry and competition regulations. I agree to indemnify the Mackay & District Agricultural, Pastoral and Industrial Association against liability to any accident, damage, loss or illness to any exhibit, exhibitor or competitor and agree that all competitions are under the complete and total control of the Mackay Agricultural, Pastoral and Industrial Association whose decision in all matters is final.

**Office Use Only**

Entry Accepted _____	Entry Entered _____
Notes: _____	
_____	