



# Albany Agricultural Society Incorporated (1934)

Formed 1<sup>st</sup> August 1889

ABN 64 107 957 047

Secretary  
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## 2018 CATTLE ENTRY FORM

Albany Centennial Oval PIC: WASG0024

When making more than one entry in each class, please use the class number in each instance. If you are exhibiting animals from more than one stud, please use a separate form for each stud, each form must be signed. A copy of the registration papers must accompany all animals that are tattooed only

**Entries Close 4:00pm Friday 26<sup>th</sup> October 2018. Late entries may only be accepted at the discretion of the Cattle Committee.**

Name of Stud: \_\_\_\_\_

Owner of Cattle: \_\_\_\_\_

Class	Animal Name	Breed	Date of Birth	NLIS number	Herd ID	Tattoo	Fee
<b>TOTAL FEES PAYABLE:\$</b>							

### PRIVACY ACT STATEMENT

The information provided by you in this Application is collected and used by the Albany Agricultural Society Incorporated to organize and conduct competitions and or exhibitions at the Albany Agricultural Show. We may publish details such as your Name, Photograph and Exhibit details in any Albany Agricultural Society publication or media communication. Such information may also be made available to, and published by the media. We will not disclose your personal information without your consent for any other purpose unless required or authorized by law. You may request access to your personal information and, if necessary, request that our records of that information be corrected by writing to the Secretary, in writing, Albany Agricultural Society Incorporated, Post Office Box 392, Albany WA 6331 or by Email: [aas@albanysociety.org.au](mailto:aas@albanysociety.org.au)

I hereby certify the above particulars are correct and I agree to conform to and accept the rules and regulations governing this Show as described in the Schedule and I hereby hold the Society free from any liability in respect of any mistakes or errors which may be made in connection with these entries.

Number attending Friday night BBQ: \_\_\_\_\_

(pay on night)

Exhibitors PIC \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Name of Exhibitor: \_\_\_\_\_ Exhibitors Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2018

### Payment and Competition Entry options:

1. **Online by EFT** NAB\_BSB 086-518 Acc 508300477 (**ref. Family Name**) – then post / email application form & payment confirmation
2. **IN PERSON** by Cash / Cheque / Money Order / Visa / MasterCard
3. **BY MAIL** – application form & payment by Cheque / Money Order / Visa / MasterCard to Post Office Box 392, ALBANY WA 6331

Card details     /  /

Expiry date     /