



FLYBALLOFFICIAL ENTRY FORM

This entry form will act as a tax invoice. All fees are GST inclusive.

HOW TO ENTER

CARD NO: |

 Please ensure all details are printed clearly and correctly. Post Entry Form to Flyball Section, PO Box 40, Goodwood SA 5034 or deliver to Adelaide Showground, Secretary's Office, Rose Terrace Entrance, Wayville SA. Faxed or emailed Entry Forms <u>WILL NOT</u> be accepted. 									
PERSONAL DETAILS	·	OT WISH FOR MY CONTA	ACT DETAILS	TO BE AVAII	LABLE TO O	THER PARTIE	ES		
CLUB:									
TEAM NAME:									
CAPTAIN'S NAME:									
POSTAL ADDRESS:									
		STAT	E:	POS1	rcode:				
TELEPHONE:		FACSIMILE:							
MOBILE:		EMAIL:							
RA&HS of SA Inc MEMBERSHIP									
PLEASE ADVISE IF YOU ARE A CURRENT RA	&HS of SA Inc FINANCI	AL MEMBER	YES		NO				
MEMBERSHIP NAME: MEMBERSHIP NUMBER:									
GST INFORMATION—PLEASE COMPLETE EITHER GST INFORMATION OR HOBBYIST DECLARATION									
I, the above named exhibitor, apply to enter as part of a Private recreational pursuit or hobby Yes OR I, the above named exhibitor, am entering as a GST registered business ABN: Yes Yes									
CONDITIONS OF ENTRY - MUST BE SIGNED FOR ENTRY TO BE ACCEPTED									
 Seed time will be taken from current "Team Rankings" on AFA Website 14 days prior to competition date. A declared seed time may be submitted, but must be at least one (1) second slower than ranking and be accompanied by a clear explanation for the change PLEASE NOTE: Section 5 (e) - A Competition Racing Number (CRN) must be obtained from the AFA (use AFA Form C7) prior to competing in any AFA Body sanctioned competition. 									
 Section 5 (f) - Any dog entered in an AFA Sanctioned Competition without a valid CRN will result in forfeiture off all points and event placements for that team. 									
 Declaration: ALL COMPETITORS AGREE TO ABIDE BY THE AFA RULES AND POLICIES Signed, for an on behalf of all team members, by Team Captain I agree to comply with and be bound by the General and Special Regulations and By-Laws of the RA&HS of SA Inc as applicable. I certify that the details on this entry form are true and correct. 									
Signature: Date:									
PAYMENT DETAILS					FL	YBALL - RS	CFL		
OFFICE USE ONLY	ENTR MEM					TOTAL	INV NO.		
CHECKED BY DATE							(Finance Only)		
METHOD OF PAYMENT: Cash	Cheque Mor	ney Order Credit	Card						
TYPE OF CARD: VISA	Mastercard Amex/Diners (3.5% fee applies)								
NAME ON CARD:	SIGNATURE:								

EXHIBIT DETAI	LS							
BOX LOADER:								
NAME OF DOG								
HANDLER	SEX (Please circle)	М	F					
BREED	JUMP HEIGHT							
TELEPHONE	NEUTERED (Please circle)	Y	N					
CRN	EXPIRES HGT CARD (Please circle)	Y	N					
NAME OF DOG								
HANDLER	SEX (Please circle)	М	F					
BREED	JUMP HEIGHT							
TELEPHONE	NEUTERED (Please circle)	Y	N					
CRN	EXPIRES HGT CARD (Please circle)	Y	N					
NAME OF DOG								
HANDLER	SEX (Please circle)	М	F					
BREED	JUMP HEIGHT							
TELEPHONE	NEUTERED (Please circle)	Y	N					
CRN	EXPIRES HGT CARD (Please circle)	Y	N					
NAME OF DOG								
HANDLER	SEX (Please circle)	М	F					
BREED	JUMP HEIGHT							
TELEPHONE	NEUTERED (Please circle)	Y	N					
CRN	EXPIRES HGT CARD (Please circle)	Y	N					
NAME OF DOG								
HANDLER	SEX (Please circle)	М	F					
BREED	JUMP HEIGHT							
TELEPHONE	NEUTERED (Please circle)	Y	N					
CRN	EXPIRES HGT CARD (Please circle)	Y	N					
NAME OF DOG								
HANDLER	SEX (Please circle)	М	F					
BREED	JUMP HEIGHT							
TELEPHONE	NEUTERED (Please circle)	Y	N					
CRN	EXPIRES HGT CARD (Please circle)	Y	N					
PAYMENT DET	AILS							
	MEMBER NON-MEMBER NO. OF ENTRIES							
ENTRY FEE	\$100.00	CFL ENTR						
	TOTAL: = \$	CFL EN	TR					