



PRESENTING PARTNER



How the locals like it

FLYBALL OFFICIAL ENTRY FORM

This entry form will act as a tax invoice. All fees are GST inclusive.
ABN 68 531 710 498

HOW TO ENTER

- 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 WILL NOT be accepted.**

PERSONAL DETAILS I DO NOT WISH FOR MY CONTACT DETAILS TO BE AVAILABLE TO OTHER PARTIES

CLUB: _____

TEAM NAME: _____

CAPTAIN'S NAME: _____

POSTAL ADDRESS: _____

STATE: _____ POSTCODE: _____

TELEPHONE: _____ FACSIMILE: _____

MOBILE: _____ EMAIL: _____

RA&HS of SA Inc MEMBERSHIP

PLEASE ADVISE IF YOU ARE A CURRENT RA&HS of SA Inc FINANCIAL 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 Yes

ABN:

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: _____
(Parent or Guardian must sign if exhibitor under 18 years)

PAYMENT DETAILS FLYBALL - RS__CFL

OFFICE USE ONLY	ENTR	MEM	COM MED					TOTAL	INV NO.
CHECKED BY _____ DATE _____									<small>(Finance Only)</small>

METHOD OF PAYMENT: Cash Cheque Money Order Credit Card

TYPE OF CARD: VISA Mastercard Amex/Diners (3.5% fee applies)

NAME ON CARD: _____ SIGNATURE: _____

CARD NO: _____ EXPIRY DATE: _____ / _____

EXHIBIT DETAILS	AFA OR ANKC REGISTERED (PLEASE CIRCLE)
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BOX LOADER: _____ DECLARED SEED TIME (INSECS): _____ REASON FOR CHANGE: _____

NAME OF DOG					
HANDLER			SEX (Please circle)	M	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)	M	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)	M	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)	M	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)	M	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)	M	F
BREED			JUMP HEIGHT		
TELEPHONE			NEUTERED (Please circle)	Y	N
CRN	EXPIRES		HGT CARD (Please circle)	Y	N

PAYMENT DETAILS						
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	MEMBER	NON-MEMBER	NO. OF ENTRIES			
ENTRY FEE	\$100.00	\$100.00	X	_____	= \$ _____	CFL ENTR
				TOTAL:	= \$ _____	CFL ENTR



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1839 | 2014

ANNIVERSARY