

AgShows NSW RICH FRUIT CAKE COMPETITION STATE FINAL APPLICATION FOR ENTRY

SYDNEY ROYAL EASTER SHOW 22 MARCH - 2 APRIL 2024

A DIVISION OF THE ROYAL AGRICULTURAL SOCIETY OF NSW (RAS) ABN 69 793 644 351

INSTRUCTIONS

Use a black or blue pen and <u>clearly</u> print within the boxes in BLOCK LETTERS. Tick '□' checkboxes '□' where applicable.

Scan and email this Application for Entry to katie.stanley@ascofnsw.org.au. If you are unable to, please post to the AgShows NSW Ltd, PO Box 1047, Hunters Hill, NSW, 2110.

For AgShows NSW Group Finalists:

- Three working days following the holding of a Group Final for Shows held before Monday 5 February 2024 First working day following the holding of a Group Final for Shows held on or after Monday 5 February 2024 and before Monday 19 February 2024 Same day notification for Shows held on or after Monday 19 February 2024.						
ALL ENQUIRIES to the AgShows NSW Tel: 02 9879 6777						
For information and guidelines regarding the AgShows NSW Rich Fruit Cake Competition State Final, please visit www.agshowsnsw.org.au.						
To view the RAS General Regulations, visit www.rasnsw.com.au.						
EXHIBITOR DETAILS The Exhibitor name will appear in RAS/AgShows NSW publications and published on the website results page.						
Name of Group being represented:			GROUP NO:			
Name of Show being represented:						
☐ Mr ☐ Master ☐ Miss ☐ Mrs ☐ Ms						
First name:	Last Name:					
Address:						
	Town/Suburb:		State:	Postcode:		
Mailing Address:						
	Town/Suburb:		State:	Postcode:		
AUTHORISED CONTACT PERSON This is the person we will contact for information in relation to this Exhibitor's Application for Entry. Must be provided if Exhibitor is under 18yrs of age.						
☐ Mr ☐ Miss ☐ Mrs ☐ Ms First name:		Last Name:				
Mobile:	Phone:					
Email:						
SHOWTIME AUTHORISED CONTACT PERSON Showtime Authorised Contact Person's name and mobile number will appear on the Dashboard Slip. For some Competitions, Dashboard Slips are issued to Exhibitors and must be displayed on the dashboard of each vehicle at all times while on the Showground.						
☐ Mr ☐ Miss ☐ Mrs ☐ Ms First name:		Last Name:				
Mobile:	Phone:					
Email:						
COMPETITOR'S (EXHIBITOR) RAS MEMBERSHIP DETAILS Please do not supply the card number.						
The Exhibitor is a financial RAS of NSW member for the 2023/2024 financial membership year:						
RAS Membership Name:		RAS Membership no.				
PRIVACY ACT STATEMENT						
Information provided by Exhibitors is primarily used to organise, process and conduct Competitions. This includes relevant information being made available to relevant bodies, to AgShows NSW, to breed societies, to promote the event in the media and to facilitate storage of the information in the RAS Archive. The RAS Privacy Policy is available at www.rasnsw.com.au . Exhibitors have the right of access to and alteration of their personal information, and may lodge a complaint by contacting the RAS Privacy Officer on (02) 9704 1111, or by writing to the RAS, Locked Bag 4317 Sydney Olympic Park NSW 2127. OPT IN below to keep informed about RAS offers and events which may not relate directly to your Competition: Yes, please use the email address of the Authorised Contact Person.						
Yes, please use the mobile number of the Authorised Contact Person.						

TAX DETAILS Tick applicable option on the left. For the second option, provide your A	BN and tick whether or not you are registered for GST.				
I, the above-named Exhibitor, apply to enter the Exhibit on this Application for Entry either as:					
a hobbyist or a private recreational pursuit and I am not required to quote an ABN for the purposes of this application					
part of a business enterprise and I have an ABN:	Registered for GST?				
an overseas (non-Australian) business that is not entitled to an ABN as I am not c	arrying on an enterprise in Australia				
BANK DETAILS					
1. The purpose of providing your bank details is for the payment of refunds, prizes and sales proceeds ('Payments') to be made to you by EFT. The RAS					
does not make payments by cheque. You risk forfeiting Payments without these details being correctly provided. 2. The 'Account Name' can be a natural person, a company or a partnership, whoever you nominate to receive Payments owed to you. Please carefully check					
the BSB and Account Numbers you provide to avoid any mistakes. 3. The RAS agrees to be responsible up to the point when the financial institution receives or has control of the transaction. Your bank may charge fees which					
could reduce the Payment amount.					
4. The RAS Privacy Policy is available at www.rasnsw.com.au and you may update your details at any time online or by calling 02 9704 1210.					
Please provide the name(s), BSB and Account No. of the nominated bank account.					
Account Names					
Account Name:					
BSB: Account No.:					
Account Holder and Exhibitors agree to the Terms and Conditions for Electronic Payment. You agree on behalf of the Exhibitor to accept payment by the Royal Agricultural Society of NSW (RAS), through electronic funds transfer (EFT) made to the nominated bank account (the Payee). Additionally, you acknowledge and agree that all payments shall be made in accordance with the information that you supply and that the RAS shall be entitled to rely exclusively upon such information. The Terms and Conditions outlined herein shall apply to and amend any existing agreement between you and the RAS by incorporating the following terms and conditions outlined herein shall apply to and amend any existing agreement between you and the RAS by incorporating the following terms and conditions outlined herein shall apply to and amend any existing agreement between you and the RAS by incorporating the following terms and conditions outlined herein shall apply to and amend any existing agreement between you and the RAS by incorporating the following terms and conditions outlined herein shall apply to and amend any existing agreement between you and the RAS by incorporating the following terms and Conditions outlined herein shall apply to and amend any existing agreement between you and the RAS by incorporating the following terms and conditions outlined herein shall apply to and amend any existing agreement between you and the RAS by incorporating the following terms and conditions on the Nash agreement as a indicated in this Application for Entry. 1. The electronic funds transfer will be and to the BSB or Swift Code, account number and ac					
DISCLAIMER					
The information contained in this publication is for the purpose of providing information to our Exhibitors and Show patrons. The information is correct at the time					
of printing, however, the information may be subject to change or amendments. Please check our websites for the most recent up to date information.					
GROUPS					
01 Far North Coast	08 Riverina				
02 Mid North Coast	09 South Western				
03 Hunter River	10 Central Western				
04 Cumberland	11 Western				

12

13

14

Castlereagh

North West

Central Northern

05

06

07

South Coast & Tablelands

Southern Highlands

Far South Coast & Snowy Monaro