



Royal Agricultural Society of NSW

# AgShows NSW RICH FRUIT CAKE COMPETITION STATE FINAL APPLICATION FOR ENTRY

SYDNEY ROYAL EASTER SHOW 11 APRIL – 22 APRIL 2025

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

## INSTRUCTIONS

Use a black or blue pen and clearly print within the boxes in BLOCK LETTERS. Tick '☐' checkboxes '☐' where applicable.

Scan and email this Application for Entry to [katie.stanley@ascofnsnsw.org.au](mailto:katie.stanley@ascofnsnsw.org.au). If you are unable to, please post to the AgShows NSW Ltd, PO Box 1047, Hunters Hill, NSW, 2110.

The closing day of entry for all AgShows NSW Group Finalists is **Wednesday 26 February 2025**.

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](http://www.agshowsnsw.org.au).

To view the RAS General Regulations, visit [www.rasnsnsw.com.au](http://www.rasnsnsw.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 2024/2025 financial membership year:

☐ YES

☐ NO

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.rasnsnsw.com.au](http://www.rasnsnsw.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.

ENSURE YOU HAVE COMPLETED BOTH SIDES OF THIS APPLICATION FOR ENTRY

**TAX DETAILS** Tick applicable option on the left. For the second option, provide your ABN 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?

☐ YES ☐ NO

☐ an overseas (non-Australian) business that is not entitled to an ABN as I am not carrying on an enterprise in Australia

#### BANK DETAILS

- 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.
- 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.
- 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.

The RAS Privacy Policy is available at [www.rasnsw.com.au](http://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 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 condition for electronic payment.

- The electronic funds transfer will be made to the BSB or Swift Code, account number and account name, as indicated in this Application for Entry.
- The information provided in the Bank Details section for this Application for Entry is very important. You understand that you must communicate any change in the information to the RAS. This communication must be in the form of updates by way of contacting Competitions Administration Service on 02 9704 1210.
- The RAS shall not be liable for any loss, which may arise solely by reason of error, mistake or fraud regarding this information.
- With respect to the EFT process, RAS shall be responsible up to the point when the financial institution receives or has control of the transaction. Any loss of the data at or after that point will be borne by the Exhibitor unless the loss is due solely to negligence of RAS or its originating bank.
- With respect to the payment of refunds, prize money, and sales proceeds, the RAS will no longer be paying by cheque. All monies will be provided via EFT to the nominated bank account (the Payee).

#### CONDITIONS OF ENTRY

The Exhibitor (or parent/guardian where under 18 years of age) MUST SIGN this Application for Entry.

I, (print name) ....., submit the Application for Entry on behalf of the Exhibitor and declare that we:

- agree to be bound by the RAS General Regulations and the applicable Schedule;
- warrant that the information I have provided is true and correct; and
- warrant that the Exhibit belongs to the Exhibitor, or is under the lawful care and control of the Exhibitor with the permission of the Owner.

.....  
**SIGNATURE OF EXHIBITOR**

.....  
**DATE**

Parent or Guardian must sign if Exhibitor is under 18 years of age.

.....  
**SIGNATURE OF GROUP/SHOW SOCIETY**

President/Secretary/Principal/Authorised Teacher

.....  
**DATE**

#### 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
05	South Coast & Tablelands	12	Castlereagh
06	Far South Coast & Snowy Monaro	13	Central Northern
07	Southern Highlands	14	North West

**ENSURE YOU HAVE COMPLETED BOTH SIDES OF THIS APPLICATION FOR ENTRY**