



SYDNEY ROYAL EASTER SHOW 2 APRIL – 13 APRIL 2026

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@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 24 February 2026.
- First working day following the holding of a Group Final for Shows held on or after Monday 24 February 2026 and before Monday 10 March 2026.
- Same day notification for Shows held on or after Monday 10 March 2026.

ALL ENQUIRIES to the AgShows NSW Tel: 02 9879 6777

For information and guidelines regarding the RAS/AgShows NSW Wool Article Garment Competition, 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/AqShows NSW publications and published on the website results page.

Write the individual's name, or if more than one individual, then all names on the one line. For example: Mrs K Smith, Miss N Lyons & Mr M River

Exhibitor Name:

Address:

	Town/Suburb:	State:	Postcode:
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Mailing Address:

	Town/Suburb:	State:	Postcode:
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NOMINATING SHOW SOCIETY DETAILS

Nominating Show Society:

Town:	State:	Postcode:
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QUALIFICATION DETAILS

Qualifying Group / Show Society:	Group No:	Placing (1st etc):
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Town:	State:	Postcode:
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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:
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Mobile:

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 Phone:

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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:
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Mobile:

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 Phone:

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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 2025/2026 financial membership year:

☐ YES ☐ NO

RAS Membership Name:

RAS Membership no.

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PRIVACY ACT STATEMENT

Information provided by Exhibitors is primarily used to organise, process and conduct Competitions. This includes relevant information being made available to appropriate bodies and breed societies, to promote the event in the media and to facilitate the storage of information in the RAS Archive. The RAS Privacy Policy is available at www.rasnsw.com.au. Exhibitors have the right to access and alter their personal information and may lodge a complaint by contacting the RAS Privacy Officer on (02) 9704 1111, or by writing to the RAS at Locked Bag 4317 Sydney Olympic Park NSW 2127.

We want to keep you informed about RAS and third party offers and events which may not relate directly to your Competition. Please OPT IN below if you wish to receive this information:

- ☐ 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 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.

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SIGNATURE OF EXHIBITOR **DATE**
Parent or Guardian must sign if Exhibitor is under 18 years of age.

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SIGNATURE OF GROUP/SHOW SOCIETY **DATE**
President/Secretary/Principal/Authorised Teacher

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.

ENSURE YOU HAVE COMPLETED BOTH SIDES OF THIS APPLICATION FOR ENTRY