







## SUMMARY OF FEES

Bedding material provided with cost of entry. Each Exhibitor is required to purchase one catalogue and one Float Parking.

I am an RASV Member RASV Member Number:

OR

I am not an RASV Member  My Membership Application Form is enclosed

Please note: That unless an RASV membership number is provided or an RASV membership application is enclosed, the non-member fee applies.

TYPE	QTY (NO.)	FEE		TOTAL (\$)	OFFICE USE ONLY S-AC-4115
		MEMBERS	NON-MEMBERS		
Number of Animals		\$35.00 EACH (GST FREE)	\$75.00 EACH (GST FREE)		1324 / 1325
Catalogue (COMPULSORY FEE)	1	\$10.00 EACH (GST INCL)		\$10.00	1310
Float Parking (COMPULSORY FEE)	FULL SHOW	\$10.00 (GST INCL)	\$20.00 (GST INCL)	\$10.00 / \$20.00	1620
Number of Fans		FREE	\$15.00 (GST INCL)		1885
Paper Entry Administration Fee ENTER ONLINE AND SAVE	1	\$25.00 EACH (GST INCL)		\$25.00	1850
RASV Membership RASV.COM.AU/MEMBERSHIP		Full: \$155.00 (GST FREE) / Restricted: \$80.00 (GST FREE) / Junior (Under 18): \$60.00 (GST FREE)			S-MS-8200 1515/1520
<b>GRAND TOTAL</b>				<b>\$</b>	

## CONDITIONS OF ENTRY

I have read the RASV's General Regulations, the relevant regulations and relevant event schedule and agree to be bound by them and to abide by all decisions of the RASV in relation to the Show. I undertake to ensure that animals entered under my name will be brought into the showgrounds disease free and in good health and condition. Should an animal entered in my name become ill during the Show, I undertake to immediately inform the relevant superintendent, who will inform the RASV veterinarian.

Please note that we are unable to accept your entry form unless it has been signed.

Signed: \_\_\_\_\_

Date:

PARENT OR GUARDIAN MUST SIGN IF EXHIBITOR IS UNDER 18 YEARS

## RETURN THIS ENTRY FORM TO:

### Alpaca Section

Royal Agricultural Society of Victoria Limited | Melbourne Showgrounds, Epsom Road, Ascot Vale, VIC, 3032  
Telephone: +61 3 9281 7444 | Facsimile: +61 3 9281 7592 | www.rasv.com.au | ABN 66 006 728 785 ACN 006 728 785

## PAYMENT DETAILS

PAYMENT MUST ACCOMPANY THIS FORM

CHEQUE/MONEY ORDER for \$ \_\_\_\_\_ is enclosed (TO BE MADE PAYABLE TO: RASV LTD)

CREDIT CARD PAYMENT MasterCard – VISA (please circle) For the amount of \$ \_\_\_\_\_

Name as it appears on credit card:

Card Expiry:

Signed:

ON RECEIPT OF PAYMENT, THIS DOCUMENT WILL BECOME A TAX INVOICE. IF REQUIRED, PLEASE PHOTOCOPY FOR YOUR RECORDS.