**Kerang & District Agricultural Society lnc.**

**Annual Show**

**Please fill in both sides of entry form**

**This side must be presented in order to collect exhibits from steward after 4.30 pm on Tuesday**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sec | Class | Name or description  of entry | Entry Fee | | Office Use Only |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

I the undersigned, agree to the Conditions specified in the Show

Schedule and to the Rules of the Society

Name......................................................................................

(Please Print)

Address…………………………………………………….…….

Date ................................ Phone............................................

Signed. ...................................................................................

**Kerang & District Agricultural Society lnc.**

**Annual Show**

**Entry fee per schedule - Double fee for late entry**

**Entry fees must accompany this form**

**Extra entry forms available from show office**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sec | Class | Name or description  of entry | Entry Fee | | Office Use Only |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

I the undersigned, agree to the Conditions specified in the Show

Schedule and to the Rules of the Society

Name......................................................................................

(Please Print)

Address…………………………………………………….…….

Date ................................ Phone............................................

Signed. ...................................................................................

**DISCLOSURE STATEMENT**

By completing the attached entry form you will be supplying the Kerang and District Agricultural Society Inc. with **"personal information"** (things like your name, address, phone number, email address etc.) **Without this information we will not be able to administer your entry in the Kerang and District Agricultural Society Inc. Annual Show.**

We collect this information for the purpose of administering the Show.

This includes: .

* Processing your entry.
* Managing your entry in the relevant event.
* Awarding prizes in the relevant event.
* Assessing your compliance with the general regulations and conditions of entry, as well as other standards expected of participants in the Show. and.
* Assessing any protest or appeals you might take.

We also collect this information for purposes related to the administration of the Show, including:

* Publication of winners' details.
* Maintenance of information relevant to qualifications for other events.
* Maintenance of records for you during the Show, where applicable.
* Making a claim on our Insurance in relation to any incident or accidents in connection with the Show;

And

* Passing your information to the Northern District Group of Show Societies and/or Victorian Agricultural Shows Ltd. (VAS) should you be involved in Group and/or State Competitions.

We may disclose information about you to medical practitioners. St John Ambulance Officers and other health service providers attending the Show. We may disclose information about you to the media for the purpose of publishing articles on your participation at the Show. We may disclose information about you to insurance providers for the purposes of arranging applicable insurance for you or making a claim on our Insurance in relation to incidents and accidents that occur at the Show. We may disclose information about you to the Equestrian Federation of Australia and VAS to assess your qualification and eligibility for other events. If legal, health or safety issues arise, we may be required to disclose information to relevant organisations who deal with these matters.

You have some rights to access personal information that we hold about you. lf you'd like to find out more about this or if you have any queries regarding how we handle personal information generally, please contact the Secretary -

**KDAS Secretary**

**P.O. Box 262**

**Kerang Vic. 3579.**

**Phone: (03) 5450 3616**

Unless you indicate your preference not to receive such material, we may also use this information to update you on coming events being run by our Association.