



MERRIWA P.A.H. & I Association Inc

ABN: 43 048 400 661

TAX INVOICE

PO Box 102 MERRIWA NSW 2329

Phone: (02) 6548 2948 or merriwashow@aol.com.au

Maccallum Inglis Triple Crown Entry Form

Team Name: _____

Captains Name: _____

Address: _____

Telephone: _____ Fax: _____

Mobile: _____

Email: _____

Competitor Name - Ute: _____

Competitor Name - Quad: _____

Competitor Name - Horse: _____

Note - Ute & Quad competitors have to be 18 years or over

*Ensure waiver forms have been printed off & bring on show day to sign in front of officials.
REQUIRE ONLY 1 waiver form per person, not per event.*

Payment methods: Direct Into Bank BSB 932000 A/C 430033 Cheque Enclosed

TOTAL AMOUNT PAYABLE: GST Not Applicable \$

Office Use Only:

DATE RECEIVED: _____