

DEMOLITION DERBY ENTRY FORM

Nominations are to be posted to the Secretary at the above address or delivered to the Show Office at the Showground.
Nominations **fee \$50** to be included. Nominations are not accepted without payment. Nominations will close after the first 40 nominations are received.

Name _____
Full name in block letters

Address _____

Email _____ Phone _____

Driver's License Number _____

I hereby agree to abide by any decision of the Organisers in regard to entries and agree to compete at my own risk and to indemnify and keep indemnifying the Dubbo Show Society Inc., against all claims, suits, actions and demands which may be brought against them in respect of any injuries or other damage sustained by me in the course of competing in this event and agree to exonerate the Dubbo Show Society Inc., their members and Committee from all responsibility and from all damage or injury whether from alleged negligence or otherwise.

Please Note: no entrant will be allowed to compete unless appropriate documentation is completed, and wristband issued. Drivers not wearing wristbands will not be permitted to compete.

I understand that I may be subjected to a breathalyzer before the start of the event and if alcohol is detected, I will face immediate disqualification.

I also hereby consent to the calling of an ambulance, at my expense if required.

Signed _____ Date _____

Entry Fee Enclosed \$ _____

Payment	
<input type="checkbox"/>	Cheque / money order enclosed: Please make cheque payable to Dubbo Show Society PAYMENT MUST ACCOMPANY THIS FORM
<input type="checkbox"/>	Bill my credit card: VISA CARD <input type="checkbox"/> MASTERCARD <input type="checkbox"/> BANK CARD <input type="checkbox"/>
Card No:	_____
Expiry Date:	_____
Card Holders Name:	_____
Card Holder Signature:	_____

OFFICE USE ONLY

Driver's License sighted _____

Payment: CASH/CHQ \$ _____

Car Number give/requested _____ Wristband Number _____

Initials _____ Date _____

RECEIPT FOR: DEMOLITION DERBY EVENT – DUBBO SHOW

Received from: _____ The amount of \$ _____

Signed: _____ Date _____

ALL ONE DAY COMPETITORS – ENTER SHOWGROUND THRU GATE 4, WINGEWARRA STREET - WATCH FOR SIGNS.

**Direct Deposit to: Account Name: Dubbo Show Society,
BSB 932000, A/c 718841.**