

**UTE MUSTER ENTRY FORM  
BOONAH SHOW SOCIETY INC.  
P.O. BOX 1, BOONAH. 4310      PHONE 07 5463 1124**

**NOMINATION FORM**

Name:		Owner/Driver:	
Address: _____			
Email: _____			
Contact Phone No.:		Mobile:	
QCAS affiliated Show :		Sub-Chamber:	
<b>DETAILS OF VEHICLE ENTERED: CLASS NO.</b>		<b>2<sup>ND</sup> ENTRY CLASS NO.</b>	
Make:	Model:	Year:	Rego:
No. of Cylinders:	Estimated Value: \$	Purchase Price: \$	
Nomination Fee:	\$10-00	Includes Entry into Class No.:	2 <sup>nd</sup> Entry. \$5-00
<b>REGARDING THIS COMPETITION:</b>			
Under the ATO PAYG Legislation & Guidelines I provide you with a written statement, for the supply I am making.			
* I am registered for GST (Please tick as necessary)      Yes <input type="checkbox"/> No <input type="checkbox"/> My ABN is: <input type="checkbox"/>			
OR * The supply is made to you in my capacity as an individual and the supply is made in the course of an activity that is a private recreational pursuit or hobby. <input type="checkbox"/> (Please tick as necessary)			

*All Queensland Road Rules apply to the entrant whilst in the vicinity of the Venue/Showgrounds. No excessive noise, speed, burn-outs or donuts or other unnecessary driving will be tolerated. Offenders will be disqualified from the Competition and will be directed to leave. Intoxicated persons or drivers under the influence of alcohol or drugs will be disqualified and reported to the Police. The judge's decision will be final and no correspondence will be entered into.*

I ..... (Name) have read and understand the above and agree to abide by the Rules and Regulations of the Competition. I declare that I have not previously won or I am not a runner-up in the 'Best Overall Ute' Competition at another local Show.

SIGNED ..... Owner / Driver of Vehicle entered above.

FULL NAME OF DRIVER:.....  
(If not registered owner of above vehicle)

SIGNED ..... Dated: .....

I AGREE to allow the organiser to share the above information with the sponsor, the management of the event and their committees.      YES / NO      (Please delete as necessary)

**(OFFICE USE ONLY)**

Receipt No.:	Date Paid:	Amount Paid    NO ENTRY FEE
--------------	------------	-----------------------------

- ✓ Eligible for Sub-Chamber Judging? YES / NO      This entry is the WINNER / RUNNER-UP      (Forward a Copy of this Form to Sub-Chamber Secretary/Co-ordinator)
- ✓ Eligible for State Final?      YES / NO      This entry is the WINNER / RUNNER-UP      (Sub Chamber Secretary/Co-ordinator to forward a Copy of this Form to QCAS Head Office)