		Jury Chairman	



Saturday 12th Sunday 13th October 2024, Indoor Bowls Centre, Annand St., Toowoomba.

SEND ENTRY FORM TO: email <u>secretary@toowoomba2024.com</u>

OR by post Exhibition Secretary TOOWOOMBA 2024, PO Box 7414, Toowoomba South 4350

EXHIBITION ENTRY FORM

A separate form is re	equired for each entry.	Exhibit enve	elopes a	re t	he responsibility of the exhibitor.		
Surname	Youth entry DOB						
Address	Postcode						
Email			Preferred contact phone number		_		
□ I agree to scar	n my exhibit and allow i	t to be displa	ayed on	the	exhibition website for 6 months		
PARTICULARS OF EN	ITRY Class			<u>Ne</u>	<u>w Exhibit</u> ☐ Yes ☐ No		
Title of Exhibit							
DESCRIPTION for EX	HIBITION CATALOGUE	(Minimum 2	0, maxir	nur	n 50 words)		
	ous State or Nationa					1	T
Exhibition		Year	Points		Exhibition	Year	Point
						1	+
The	•	-			nt and draft title page no later than Monday 8 th J be received by Tuesday 8th October, 2024.	uly, 2024	<u>ł.</u>
DECLARATION 1.		-			of TOOWOOMBA 2024 2. The exhibit is my ow	n prope	rty.
3. I consent to my er	ntry details and results b	eing added	to the A	PF	Exhibition database.		
Return of exhibit is to	o be \square Collected by m	e 🗆 Forwa	rded by	ma	il Other		
Remittance	Amount				DIRECT DEPOSIT: Toowoomba Stamp Club	Inc.	
Frame Fees	\$	\$60 p	er		BSB: 638-010 Account number 112		
Return Postage	\$	frame	e Adults			50764	
Donation	\$				Use as reference "ET24" and "your name"		
	\$				Paid by direct deposit		
Total	<i>T</i>						
☐ I have enclosed	a cheque/money order	for the abov	ve amou	nt	payable to:- Toowoomba Stamp Club Inc.		
	rd please print form, comp				Number/ and date below)	. CCV	
					·		