

Please PRINT and complete ALL information requested.

CLASSES	VINTAGE	COMMERCIAL NAME OF WINE AS IT AP
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[illegible]

EXHIBITOR/ WINERY NAME:	POSTAL ADDRESS:	NUMBER OF ENTRIES:
PHONE NUMBER	EMAIL ADDRESS:	TOTAL FEES::
I DECLARE THAT THE WINES ENTERED COMPLY WITH REGULATIONS WHICH APPLY TO THE 2021 CWS SIGNATURE: PRINT NAME DATE.....		

PAYMENT DETAILS: Credit Card (Mastercard or Visa) **Cardholder Name:**

Direct Deposit: Westpac Cowra **BSB 032-820** Account Number **280323** Please show name of exhibitor in reference.

Expiry Date /

Cheques: Payable to Cowra Show Society Inc.

Signature:

COMPLETED ENTRY FORMS (or scanned copies) AND FULL PAYMENT MUST BE RECEIVED BY FRIDAY 21st May 2021.

E MAIL: wineshow@cowrashow.com

POST: Cowra Wine Show, PO Box 109, Cowra NSW 2794

TELEPHONE: 02 6342 1977