

Please PRINT and complete ALL information requested.

[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 ASVWS SIGNATURE: PRINT NAME DATE..... | | |

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

Expiry Date /

Signature:

TELEPHONE: 02 6342 1977

E MAIL: wineshow@cowrashow.com