

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 2019 ASVWS SIGNATURE: PRINT NAME DATE.....		

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

Expiry Date /

Cheques: Payable to Cowra Show Society Inc.

Signature:

COMPLETED ENTRY FORMS (or scanned copies) AND FULL PAYMENT MUST BE RECEIVED BY FRIDAY May 17th 2019 .

E MAIL:ansvws1@bigpond.com

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

TELEPHONE: 02 6342 1977