**W/Gong Golf Club**
**Cnr Corrimal and Bank St Wollongong NSW**

NSW Baking Shows

**Please lodge your entry forms early to**:
Wollongong Baking Show,
BAA NSW P O Box 574 Gosford NSW 2250
**Tel:** (02) 4340 2000 **Fax:** (02) 4340 4288

Entries can be delivered on Tuesday 8th Aug between **3.00pm and 4.30pm** or Wednesday 9th Aug between **8am and 10.00am**

**Deliver entries to:** Wollongong Golf Club Foyer
Cnr Corrimal and Bank St Wollongong NSW

# Application for Entry

# Wollongong Baking Show

## *Wednesday 9th August 2017*

## Entry Fees:

**Members**: $6.00 per entry
**Non Members:** $10.00 per entry
**Cheques or Money Orders** to be made payable to: ***Baking Association of Australia.***

| Class # | | Class # | | Class # | | Class # | | Class # | | Class # | | Class # | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | 7 | | 13 | | 19 | | 25 | | 31 | | | |
| 2 | | 8 | | 14 | | 20 | | 26 | | 32 | | | |
| 3 | | 9 | | 15 | | 21 | | 27 | | 33 | | | |
| 4 | | 10 | | 16 | | 22 | | 28 | | 34 | | | |
| 5 | | 11 | | 17 | | 23 | | 29 | | 35 | | | |
| 6 | | 12 | | 18 | | 24 | | 30 | | 36 | | | |

**Total Number of Entries** _____ **Total Fee Enclosed $** _____

**Invoice – this document will be a Tax Invoice for GST when paid. Please retain a copy for GST purposes. ABN: 65 142 608 204**

| **PAYMENT DETAILS:** | **EXHIBITOR DETAILS: (one exhibitor per entry form)** |
|---|---|
| Cheque for $……<br>(to be made payable to Baking lAssoc of Australia ) | Exhibitor Name: (If you are an Apprentice: Name & Year & attending which TAFE) |
| ☐ **Visa** ☐ **MasterCard** **For the amount $……** | Trading Name: |
| Card Number: _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ | Business Address: |
| Cardholder Name: | Contact Phone Number: |
| Card expiry date: CVV: | Fax Number: |
| Are you a member of the Baking Association of Aust?<br>☐ Yes ☐ No | Email Address: |

**Please tick this box if you do not wish to receive any information from our partners etc ( )**