**ARMIDALE AND NEW ENGLAND SHOW SOCIETY INC.**

**PO Box 86, Armidale NSW 2350**

**Phone: 0413 872 214**

# DEMOLITION DERBY ENTRY FORM 2019

Nominations are to be posted to the Secretary at the above address, or delivered to the Show Office, under the western grandstand at the Showground. Nomination fee $50 to be included. Nominations not accepted without payment. Entries will close after the first 40 nominations received

Name................................................................................................................................................................................

Full name in block letters

Address...............................................................................................................................................................................

............................................................................................................................................................................................

Postcode..................................................... Phone.............................................................

Driver’s License Number......................................................................................................................................................

*I hereby agree to abide by any decision of the Organisers in regard to entries and agree to compete at my own risk and to indemnify and keep indemnifying the Armidale & New England Show Society Inc., against all claims, suits, actions and demands which may be brought against them in respect of any injuries or other damage sustained by me in the course of competing in this event, and agree to exonerate the Armidale & New England Show Society Inc., their members and Committee from all responsibility and from all damage or injury whether from alleged negligence or otherwise.*

**Please Note: No entrant will be allowed to compete unless appropriate documentation is completed and wristband issued. Drivers not wearing wristband will not be permitted to compete!**

*I understand that I may be subjected to a breathalyser before the start of the event and if alcohol is detected, I will face immediate disqualification.*

*I also hereby consent to the calling of an ambulance, at my expense, if required*

Signed.......................................................................................................... Date..........................................

 **Entry Fee Enclosed $**...............................................

**OFFICE USE ONLY**

Driver’s License sighted...................................... Payment: CASH / CHQ $.......................................

Car Number give/requested.............................. Wristband Number...............................................

Initials....................................................... Date........ / ........ / ......

**RECEIPT** for:  **DEMOLITION DERBY EVENT – 2019 ARMIDALE SHOW**

Received from: ............................................. ................................. the amount of......................................

Signed: ................................................................... Date: ........... / ........... / ..............