



The Queensland Chamber of Agricultural Societies Inc
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 Telephone: (07) 3277 7477 Fax: (07) 3277 7428 Email:
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MISS SHOWGIRL AWARDS - NOMINATION FORM

LOCAL AND SUB-CHAMBER JUDGING

Full Name: _____

Street Address: _____

Town/City: _____ Postcode: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Date of Birth: _____ Age (at 1st Aug): _____

Occupation: _____

Nominating Society: _____ Sub Chamber: _____

Entrants Declaration:

I have read and understood the "Miss Showgirl Awards Conditions of Entry" and agree to be bound in all respects by these "Conditions of Entry" and the Rules & By-Laws of QCAS

I HEREBY declare that to the best of my knowledge and belief all matters and information provided on this Nomination Form are true and correct. The information supplied by me on this form is not to be disclosed to anyone not associated with the Miss Showgirl Awards without my written consent.

Signature of Applicant	Date	Signature of Local Miss Showgirl Organiser	Date
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- Email or Print and Fax/Post this Entry Form along with the attachments noted above directly to the Show Society in which you will be competing
- All Show Society contact details can be found at www.queenslandshows.com.au
- False or Misleading information given by the entrant may lead to disqualification from this event and for the duration of the Competition

Show Office/Sub Chamber Coord Use Only:		Sub Chamber Judging:	
Show Society Judging:			
Winner	<input type="checkbox"/> (Fwd forms to Sub Chamber Coord)	Winner	<input type="checkbox"/> (Fwd forms to QCAS Office)
Runner Up	<input type="checkbox"/> (Fwd forms to Sub Chamber Coord)	Runner Up	<input type="checkbox"/> (Fwd forms to QCAS Office)
Other	<input type="checkbox"/> (Retain forms for your records)	Other	<input type="checkbox"/> (Retain forms for your Records)