



FLORAL ART ENTRY FORM

Name:	
Address:	
Post Code:	Contact Name:
Tel. No:	Mobile No:
Email:	

Exhibitors in Class 1 will be provided with three admission tickets for any one day of the show.
 Exhibitors entering three or more classes will receive one free admission ticket to any one day of the show.

CLASS NUMBER	NAME OF CLASS	ENTRY FEE

<p>Payment method – Please tick (v) Entry fee for classes 2-10 is £3.00 per entry. NO entry fee for Class 1.</p> <p><input type="checkbox"/> Paid in Full</p> <p><input type="checkbox"/> Cheque enclosed - please make cheque payable to DCAA</p> <p><input type="checkbox"/> BACS: Please send remittance advice to DCAA Sort code: 56 00 49 Ac/No 00709204 Nat West Bank, Exeter</p> <p><input type="checkbox"/> Pay by Credit Card Please ring 01392 353705 with Card Details</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 70%;">TOTAL</td> <td style="text-align: center; width: 30%;">£</td> </tr> <tr> <td colspan="2">Account details for Prize Money</td> </tr> <tr> <td colspan="2">Account Name: _____</td> </tr> <tr> <td colspan="2">Account Number: _____</td> </tr> <tr> <td colspan="2">Sort Code: _____</td> </tr> <tr> <td colspan="2">Please tick this box if you wish to donate your prize money to the show: <input type="checkbox"/></td> </tr> </table>	TOTAL	£	Account details for Prize Money		Account Name: _____		Account Number: _____		Sort Code: _____		Please tick this box if you wish to donate your prize money to the show: <input type="checkbox"/>	
TOTAL	£												
Account details for Prize Money													
Account Name: _____													
Account Number: _____													
Sort Code: _____													
Please tick this box if you wish to donate your prize money to the show: <input type="checkbox"/>													

By signing this entry form I hereby undertake to abide by the said Regulations and Health & Safety shown in the Floral Art Schedule. <input type="checkbox"/>		
Full Terms and Conditions can be found at www.devoncountyshow.co.uk .		
Authorised Signatory _____	Print Name _____	Date _____

COMPLETED FORM TO BE RETURNED TO

Molly Vigus
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