



Booking Form: **Horse** Competitors

ALL HORSE COMPETITORS/EXHIBITORS MUST HAVE CVAPS SHOW WRITBAND

Please ensure that you have complete Horse Health Form, Declaration & Booking Form and return by 9th May 2025 to CV Show – Horse Camping and Booking

cvapbilo@bigpond.com

PO Box 461

Biloela QLD 4715

ALL CAMPERS ARE REQUIRED TO PAY CAMPING FEE and produce receipt when require, even if no horse stalls are required

Stalls are allocated in order of receipt of this Booking Form

Only a certain number stalls are available, so book early to avoid disappointment

No Stall can be transferred from competitor to competitor without the consent of Stall Booking Steward.

Approximate Height of horses must be given to avoid big horses being allocated a small stall.

Payment must accompany your stall application form or no stalls will be allocated.

Exhibitors are required to bring preferred bedding material with them.

Power leads & electrical appliances must display a current tag, that has been tested & approved by an authorised person in accordance with the requirements of the Workplace, Health and Safety Act, i.e. has been tested after 01/01/25.

No electrical fences are allowed in the designated camping area

All campers are required to pay camping fee, one camping fee of \$25 per vehicle for the duration of the show (Friday & Saturday nights), even if no horse stalls are required. Vehicle regos will be checked and entry to events will be refused if camping fee has not been paid.

Payment

Direct Debit Details - BSB: 084 548 Account No:508624383 Account Name: Callide Valley Show Society

BOOKING : STALL

Name of Competitor: _____

Address: _____

Contact Number: _____ Email: _____

Stalls: Stallion Stall @ \$12.00 (GST Inclusive) each. I require _____ stall/s/

Covered Stall @ \$9.00 (GST Inclusive) each. I require _____ stall/s.

HEIGHT OF HORSES:

Payment Enclosed: _____

BOOKING : CAMPING -\$25 Camping Fee (Friday & Saturday nights of the show.) Extra nights incur a fee of \$12.50

Name of Competitor: _____

Address: _____

Contact Number: _____

Number of Nights: _____ \$25 Fri/Sat night = extra nights \$12.50 P/N Vehicle Rego: _____

Payment Enclosed: _____

OFFICE USE ONLY

Date Received: _____

Amount Received: _____

Receipt Number: _____ Stall Number: _____