



## **ENTRY FORM**

| ENTRANTS DETAILS                                                             |                                                                      |
|------------------------------------------------------------------------------|----------------------------------------------------------------------|
| NAME:                                                                        | ADDRESS:                                                             |
| PHONE:                                                                       |                                                                      |
| EMAIL:                                                                       |                                                                      |
| CATEGORY PLEASE TICK IF YOU ARE                                              | E ENTERING IN THE JUNIOR OR OPEN CATEGORY                            |
| JUNIOR 15 YEARS & UNDER                                                      | OPEN OVER 15 YEARS                                                   |
| GARMENT INFORMATION                                                          |                                                                      |
|                                                                              |                                                                      |
| GARMENT NAME AND/OR STYLE                                                    |                                                                      |
| MODEL NAME                                                                   |                                                                      |
| ABOUT YOUR GARMENT                                                           |                                                                      |
| TELL US WHAT YOU HAVE DONE TO CREATE Y<br>WHO AND/OR WHAT INSPIRED YOUR IDEA | OUR GARMENT AND WHAT PRODUCTS YOU HAVE USED TO GET YOUR END RESULTS. |
|                                                                              |                                                                      |
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PLEASE SEND ENTRY FORMS TO **SECRETARY@BURRASHOW.COM.AU** OR BY POST TO **PO BOX 65, BURRA SA 5417** OR IN PERSON AT THE SHOW OFFICE WEEK OF THE SHOW DURING THESE TIMES 11AM - 5PM

SECRETARY@BURRASHOW.COM.AU WWW.BURRASHOW.COM.AU BURRA BURRA SHOW INC ABN 92 852 536 076