



BURRA BURRA SHOW INC.



# ENTRY FORM

## ENTRANTS DETAILS

NAME:

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ADDRESS:

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PHONE:

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EMAIL:

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**CATEGORY** PLEASE TICK IF YOU ARE ENTERING IN THE JUNIOR OR OPEN CATEGORY

**JUNIOR**  
15 YEARS & UNDER

**OPEN**  
OVER 15 YEARS

## GARMENT INFORMATION

GARMENT NAME AND/OR STYLE

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MODEL NAME

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### ABOUT YOUR GARMENT

TELL US WHAT YOU HAVE DONE TO CREATE YOUR GARMENT AND WHAT PRODUCTS YOU HAVE USED TO GET YOUR END RESULTS.  
WHO AND/OR WHAT INSPIRED YOUR IDEA

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PLEASE SEND ENTRY FORMS TO [SECRETARY@BURRASHOW.COM.AU](mailto: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](mailto:SECRETARY@BURRASHOW.COM.AU)  
[WWW.BURRASHOW.COM.AU](http://WWW.BURRASHOW.COM.AU)  
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