

SHOWGIRL AWARDS NOMINATION FORM LOCAL SHOW & SUB CHAMBER JUDGING

Coordinator USE ONLY
Local Show:
Sub Chamber:
J WINNER □ Runner Up
□ State Invitation Sent
Queensland Ag Shows

All Show Dates and Contact details can be found at www.queenslandshows.com.au

Please compl	ete information below in	Clear CAPITAL LETTERS.
Competitor Informat	ion	
Nominating Society		
Full Name		
Email		
Date of Birth//	Age (at 1 ST of August)	
Mobile	Home P	hone (07)
Street Address		
Suburb		Postcode
Sub Chamber		Occupation
be bound in all respects by these Rules & take or use photographs of me (and/or monline, now or in the future.	By-Laws of QCAS. I also cons by property) and use the photo	Nomination Criteria, Regulations and By-laws and agree to sent and agree QCAS and show societies have the right to os in any and all marketing and media worldwide including equalification from this event and for the duration of the
Signature of Applicant	Date	Signature of Local Showgirl Organiser
OCESSING INSTRUCTIONS:		

All entrants must complete a Nomination Form and submit all required documents to the Local Agricultural Show you are competing in prior to the Judging Date. This form will be used for Local and Sub Chamber competitions.

LOCAL SHOW - The Show Society Secretary or designated coordinator is to forward the Local Show Winner and Runner Up Entry Form & required documents to Sub Chamber Secretary for processing within 14 days of the competition conclusion. Please keep a copy for your records.

SUB CHAMBER FINALS - The Sub Chamber Secretary is to forward Sub Chamber Finals Winner and Runner up Entry Form and required documents to the Queensland Ag Shows Head Office competitions department within 48 hours of competition conclusion to qualify for State Finals.



SHOWGIRL AWARDS – PROFILE FORM "A"

LOCAL SHOW & SUB CHAMBER JUDGING

carrent occupe	ition and Career A	Aspirations (100 v	vords or less):	
Sporting Intere	sts and/or Hobbi	es (100 words or I	ess):	
	•	•	•	

Current Community Participation/ Agricultural Show involvement (100 words or less):
Ambitions and Goals: Personal, Professional and Community (100 words or less):
Why would you like to be a Showgirl (100 words or less):
How will you use the opportunity of being a Showgirl in your local community and agricultural show



SHOWGIRL AWARDS - MEDICAL FORM

LOCAL SHOW & SUB CHAMBER JUDGING

NAFDICAL INFORMATION				
Name	MEDICA	<u>LINFORMATION</u>		
Show Society				
Sub-Chamber				
Date of Birth				
Medicare Number				
Dietary Requirements Eg. Vegetarian, gluten free				
Heart Problems	yes/no			
Respiratory Problems	yes/no			
Allergies	yes/no			
Travel Sickness	yes/no			
Blood Pressure	yes/no			
Operations	yes/no			
Epilepsy	yes/no			
Recent illness	yes/no			
Medication required	yes/no			
Phobias	yes/no			
Diabetes	yes/no			
Other:				
Emergency Contact				
Name				
Phone Number				
Mobile				



Date

Signed

