

**CASINO SHOW SOCIETY INC.  
PAVILION ENTRY FORM**

**PLEASE USE SEPARATE ENTRY FORM FOR EACH SECTION      NO ENTRY FEE**

SECTION	CLASS	DESCRIPTION

Name of Exhibitor \_\_\_\_\_

Address \_\_\_\_\_

(Extra Entry Forms: Apply to the Secretary, (P.O. Box 192) Casino NSW 2470. Or  
office@casinoshowsociety.com)

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