CASINO SHOW SOCIETY INC.
PAVILION ENTRY FORM

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

SECTION	CLASS	DESCRIPTION

Name of Exhibitor_____ **Mobile No**_____

Address:_____**Email**_____

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

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