ENNISCRONE SHOW SUNDAY 1st July 2018
Separate Entry Form to be used for each Junior Entry
Junior Entry Form Home Industries

Junior Entrants Please insert Date of Birth / /

Class No.	Description	Entry Fee	Office use only Exhibit No.

- I understand the personal data on this form ("Personal Data") will be used by the Enniscrone Show to enter classes and that this Personal Data will be retained for a period of 24 months.
- I understand that my Personal Data will also be used for all necessary administrative purposes of the Show. I also understand that I can withdraw my data by writing to the Enniscrone Show and my Personal Data will then be erased.
- I understand that if I do not provide my Personal Data my Entry cannot be registered with the Enniscrone Show.

☐ I have read the important Data Protection information above and have given my consent, by ticking the box and signing below. I understand my rights under Data Protection legislation, as outlined on this form.

Parent / Guardian Signed_____ Date:_____

Print Name: _____

Address: _____

Phone/Mobile: _____ **School:** _____

Email Address: _____

ENTRIES WILL NOT BE ACCEPTED UNLESS ACCOMPANIED BY THE PROPER FEE

Entry form with entry fee to be sent to: The Secretary Enniscrone & District Show,
Castleconnor Community Centre, Corballa, Co. Sligo. F26 P7D9
Telephone: 087-6474290 or 087-4487564 Email: info@enniscroneshow.ie

ENNISCRONE SHOW SUNDAY 1st July 2018

Senior Classes Entry Form Home Industries

Class No.	Description	Entry Fee	Office use only Exhibit No.

- I understand the personal data on this form ("Personal Data") will be used by the Enniscrone Show to enter classes and that this Personal Data will be retained for a period of 24 months.
- I understand that my Personal Data will also be used for all necessary administrative purposes of the Show. I also understand that I can withdraw my data by writing to the Enniscrone Show and my Personal Data will then be erased.
- I understand that if I do not provide my Personal Data my Entry cannot be registered with the Enniscrone Show.

☐ I have read the important Data Protection information above and have given my consent, by ticking the box and signing below. I understand my rights under Data Protection legislation, as outlined on this form.

Signed_____ Date:_____

Print Name: _____ **Phone/Mobile:** _____

Address: _____

Email Address: _____

Pay direct to our bank account IBAN: IE63 AIBK 9370 2922 926059 (BIC: AIBKIE2D) use family name as reference. Cheques made payable to Enniscrone Show. To pay by Visa Debit / credit card enter details below: Credit Card ☐ Visa Debit ☐

Card number: _____ Name: _____

Expiry Date _____ Security Code_____

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