



2009 CAULFIELD CLASSIC STYLE AWARD

Registration Form

DESIGNER'S NAME* _____
DESIGNER'S TRADING NAME*: _____
STREET ADDRESS*: _____
SUBURB*: _____
STATE*: _____
POST CODE*: _____
BUSINESS PHONE: _____
MOBILE#: _____
EMAIL ADDRESS#: _____
MODEL'S NAME*: _____
AGE*: _____

*Mandatory fields which must be completed for entry form to be valid.

#By providing your email and mobile phone number you are agreeing to receipt of marketing communications through these channels unless you request otherwise.

*I do not wish to receive further information from the Melbourne Racing Club regarding upcoming events

By submitting your entry form, you agree to abide by the competition terms and conditions as featured in the briefing document and at www.melbournerracingclub.net.au

Signature:

Date:

Office Use Only:

Date:

Heat No:

Registration number: