

EXHIBIT LABEL ONE LABEL FOR EACH ENTRY. This must be completed or exhibit will not be accepted R.A.S.Q., Toowoomba Section _____ Class _____ Exhibitor _____ Address _____ Phone _____ Complete form and attach to exhibit ID No - _____ (Steward to complete) RETURN OF EXHIBIT ☐ Collect from Founders Pavilion ☐ Posted if pre-arranged with RASQ ☐ Other	EXHIBIT LABEL ONE LABEL FOR EACH ENTRY. This must be completed or exhibit will not be accepted R.A.S.Q., Toowoomba Section _____ Class _____ Exhibitor _____ Address _____ Phone _____ Complete form and attach to exhibit ID No - _____ (Steward to complete) RETURN OF EXHIBIT ☐ Collect from Founders Pavilion ☐ Posted if pre-arranged with RASQ ☐ Other	EXHIBIT LABEL ONE LABEL FOR EACH ENTRY. This must be completed or exhibit will not be accepted R.A.S.Q., Toowoomba Section _____ Class _____ Exhibitor _____ Address _____ Phone _____ Complete form and attach to exhibit ID No - _____ (Steward to complete) RETURN OF EXHIBIT ☐ Collect from Founders Pavilion ☐ Posted if pre-arranged with RASQ ☐ Other
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