

MOUNT ISA SHOW SOCIETY Club Activity Application for Dance, School, Sport and



Name of Group:			
Type of Activity:			
Address:			
Contact Name:			
Contact Number/Mobile:			
Email Address:			
Performance	INFORMATION	ı	
Supplied Show Pass will allow access to the	Show, they do not	allow access to the	PBR
Day of Performance:	Friday	Saturday	Both
Number of Children (5yrs & under)			
Number of Children (6yrs to 17yr of age)			
Number of Adults			
Number of Performances per day:			
Length of each Performance:			
Preferred Performance Time/s: Whilst the Mount Isa Show Committee will try to accomodate your request - it may not always be possible to give you this preferred time.			
Do you require access to so Will you provide you own So (If yes, please brin All power leads & equipment	ound equipmen g your own lea	t? Yes / No d)	
Please provide a copy of your organisa complete		Liability Cover	with this
Additional Information:			
Signature:	Da	ate	

www.mountisashow.com.au Email: moutnisashow@gmail.com