**APPLICATION FOR INSURANCE FOR EXHIBITIONS**

**HELD BY GROUPS AFFILIATED WITH SA QUILTERS**

**PO Box 993, KENT TOWN SA 5071**

TAX INVOICE

**(QUILTERS’ GUILD OF SOUTH AUSTRALIA INC)**

ABN 95 168 292 747

Please complete and forward at least **2 months** before the exhibition.

**GROUP NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GROUP NUMBER**  \_\_\_\_\_\_\_\_\_\_\_\_\_

**GROUP ADDRESS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**POST CODE**\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE NUMBER**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXHIBITION NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXHIBITION LOCATION**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXHIBITION DATES**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Contribution for Group exhibition insurance | $50.00 |

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**BSB**: 105-051

**Account number**: 207 144 540

**Account Name**: Quilters Guild of SA Inc.

**Email banker when paying with this method**

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| Post to:- **The Treasurer****SA Quilters****PO Box 993****KENT TOWN SA 5071** | For office useDate received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Receipt number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exhibition number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |