

**2018**

**The GAP SA MURRAY BRIDGE**



**100 th**



**ANNUAL SHOW**

ABN 11 686 674 167

PO Box 315, Murray Bridge SA 5253 Ph: (08) 8531 0248

Email: [assistantsecretary@murraybridgeshow.com.au](mailto:assistantsecretary@murraybridgeshow.com.au)

Murray Bridge Showgrounds, 113 Old Princes Highway, Murray Bridge SA

**22 – 23 September 2018**

**Section BB**

**Log Chopping**



## SECTION BB – LOG CHOPPING

**Convenor: Mr Barry Schulz – 08 85645014 or Mobile 0408 827 623**

This Association is affiliated with and our competitions are under the rules of  
The Australian Axeman's Association

**Entries Close: Friday 14 September 2018**

Secretary PO Box 315 Murray Bridge SA 5253  
or Mr Barry Schulz PO Box 62 CAMBRA SA 5353

**Competition Commencing 12 noon sharp - SATURDAY 22 September 2018**

This Association reserves the right to make any alterations to the program where required

1. **NOVICE UNDERHAND:**  
Prize Money                      First: \$45              Second: \$35              Third: \$15
  
2. **NOVICE STANDING BLOCK:**  
Prize Money                      First: \$35              Second: \$20              Third: \$10
  
3. **OPEN UNDERHAND:**  
Prize Money                      First: \$150              Second: \$60              Third: \$20
  
4. **OPEN STANDING BLOCK**  
Prize Money                      First: \$150              Second: \$60              Third: \$20
  
5. **SHERIDAN HOLLAND HARD HIT STANDING BLOCK**  
Prize Money                      First: \$50

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**MURRAY BRIDGE A&H SOCIETY Inc**

Entries To: Society Secretary  
P O Box 315, Murray Bridge, SA, 5253

# ENTRY FORM

ABN: 11 686 674 167

Receipt #

**PLEASE USE A SEPARATE ENTRY FORM FOR EACH SECTION YOU ENTER**

SECTION	CLASS No	QTY	DESCRIPTION OF CLASS	ENTRY FEE
<b>BB</b>				

I hereby certify that the particulars given are true and correct, and entry is made with the full knowledge of the Rules and Regulations of the MBA&H Society Incorporated as printed in this year's Show Book.

**TOTAL**

\_\_\_\_\_

SIGNED

**1 ENTRY FORM PER PERSON**

NAME: \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MOBILE \_\_\_\_\_

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

FAX \_\_\_\_\_

EXHIBITOR NUMBER \_\_\_\_\_

