



PO Box 837 Gladstone BC QLD 4680



info@mtlarcomshow.com.au



www.mtlarcomshow.com.au

ABN: 57 504 623 342

2026 ANIMAL NURSERY CAGE HIRE BOOKING FORM

Event: Mount Larcom Show 2026

Event Dates: 20-21 June 2026

Location: Mount Larcom Showgrounds

PIC: QECL0639

Animal Nursery Section Manager Contact:

Name: Cheryl Browning Ph: 0409 065 277 Email: animalnursery@mtlarcomshow.com.au

1. EXHIBITOR DETAILS

Full Name: \_\_\_\_\_

Business / Stud Name (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Residential / Property Address: \_\_\_\_\_

Property Identification Code (PIC) (if applicable): \_\_\_\_\_

Breeder Identification Number (BIN) (if applicable): \_\_\_\_\_

2. ANIMAL DETAILS

1. Species: \_\_\_\_\_

Number of animals: \_\_\_\_\_ Sex: \_\_\_\_\_

Age category:

Under 12 weeks     3-12 months     Adult

Purpose:

Display Only     For Sale

Permission to be used in Petting Enclosure

Yes     No

2. Species: \_\_\_\_\_

Number of animals: \_\_\_\_\_ Sex: \_\_\_\_\_

Age category:

Under 12 weeks     3-12 months     Adult

Purpose:

Display Only     For Sale

Permission to be used in Petting Enclosure

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**CAGE REQUIREMENTS**

Large Cage – \$80.00 + GST

Small Cage – \$5.00 + GST

Quantity Required: \_\_\_\_\_

Quantity Required: \_\_\_\_\_

Total number of cages requested: \_\_\_\_\_

**3. IMPORTANT BOOKING CONDITIONS**

Please read carefully:

- Submission of this form does NOT guarantee cage allocation.
- All cage bookings are subject to availability and approval by the Animal Nursery Section Manager.
- Once approved, an invoice will be issued by the MLDSS Treasurer.
- Cages are NOT secured until full payment has been received.
- Payment must be made by the invoice due date.
- Unpaid bookings may be cancelled without notice.
- No cash payments will be accepted onsite.

**4. AGREEMENT**

I understand that:

- My booking request is subject to approval.
- An invoice will be issued if approved.
- My cage allocation is only confirmed once payment has been received in full.
- Failure to pay by the due date may result in cancellation of my booking.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADMIN WORKFLOW (Internal Use)**

Booking approved by Section Manager

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Invoice issued by Treasurer Invoice Number: \_\_\_\_\_

Payment received Date: \_\_\_\_\_