



# Entry Form

Complete this section and include it with your completed entry to:

**Belmont BEC, 7 Fairbrother Street, Belmont WA 6104  
PO Box 370, Cloverdale WA 6985**

Ph: (08) 9479 3777 Fax: (08) 9479 3888 Email: awards@belmontbec.com

**CLOSING DATE FOR ENTRIES  
5pm on Tuesday, September 22nd 2015**

The Belmont Small Business Awards provide recognition and encouragement for the professionalism of small business achievements. By entering the Awards you have the opportunity of gaining publicity for your business as well as increased business opportunities at local, state and national levels.

Business name: \_\_\_\_\_

Trading as: \_\_\_\_\_

Address: \_\_\_\_\_

P/Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

P/Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_ Web: \_\_\_\_\_

Contact name: \_\_\_\_\_

Position: \_\_\_\_\_

Type of business:  Manufacturing  Trades  Professional Services  Retail or Wholesale  
 Home-based  Other (Please specify) \_\_\_\_\_

No. of staff: (including owners - equivalent to full-time) \_\_\_\_\_

How long has your business been operating? Years \_\_\_\_\_ Months \_\_\_\_\_

ABN: \_\_\_\_\_

Preferred award category of entry

1. \_\_\_\_\_

2. \_\_\_\_\_

I have complied with the entry requirements, read and understood the Guidelines relating to the Belmont Small Business Awards and I accept the Judges' decision as final.



Signature: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date: (DD/MM/YYYY) \_\_\_\_\_

How did you become aware of the Belmont Small Business Awards?

(please specify) \_\_\_\_\_

