



Entry Form

HOW TO ENTER

If you think you have what it takes to make the perfect salami and you wish to enter in the **Great Murray River Salami Competition**, follow these 2 simple steps

Step 1: Contact

Download The Great Murray River Salami Competition entry form from our website. Fill out the entry form and email to: info@murrayriversalamifestival.com.au.

Alternatively forms are available for pick up and drop off at Euston Club Resort Reception

Website: www.murrayriversalamifestival.com.au - **Phone:** 0409 365 379

NOTE: You can enter as a team or an individual. Please be sure to include a description of your Salami and Ingredients.

Step 2: The Important Part!

Deliver your 150 grams of salami or other cured/smoked meat to any address below with your form by 5pm on Friday 10th November, 2023.

DELIVERY ADDRESS

Euston Club Resort

Nixon Street (PO BOX 36),

Euston NSW 2737

Phone: (03) 5026 4244

Contact: Guy Fielding

PLEASE NOTE: The weight of your entry is taken from the finished product before being cryovaced, NOT the weight of raw ingredients. If you have any questions, please do not hesitate to contact our Head Judge and salami maker extraordinaire James Mele: The Meat Room: www.themeatroom.com.au • Phone: 0419 242 815

Email: info@themeatroom.com.au

EVENT TIMES:

The judging will commence at 8am on Saturday, 11th November 2023 in the Euston Club Resort Function Room. The public are welcome to attend this.

Platinum Sponsor



Event Supporters



Entry Form

ENTRY: FREE

ENTRY NUMBER:

Please fill out and return:

Please tick the category you wish to enter below.

Salami **Other Cured/Smoked Meat**

Description

Please describe (briefly) your ingredients and process used to make your creation:

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Entrant Name:

Email Address:

Postal Address:..... Suburb..... State..... Postcode.....

Phone:.....

If you are under 18 years of age you must have your parent/guardian approval to enter.

Entrant Signature: Date:..... Age:..... (Age if under 18)

Parent/Guardian Signature: Date:.....

Event Representative: Date:.....

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