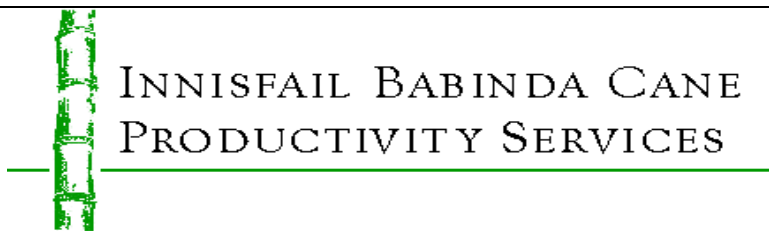


**Aerial Baiting Booking Form 2018-19**  
**MUST BE COMPLETED AND RETURNED TO IBCPS BY THE 1<sup>ST</sup> OF EACH MONTH FOR APPROVAL**



**2018-19 IBCPS Aerial Baiting Booking Form**

|   |   |  |   |
|---|---|--|---|
| <p><b><u>Bianca Spannagle</u></b><br/>(Extension Officer/IBCPS Manager)</p> <p>Mobile: 0428 774 922<br/> <a href="mailto:Bianca.Spannagle@ibcps.com.au">Bianca.Spannagle@ibcps.com.au</a></p> | <p><b><u>Joshua Brook</u></b><br/>(Chemical Retail &amp; Sales)</p> <p>Mobile: 0427 632 230<br/> <a href="mailto:Joshua.brook@ibcps.com.au">Joshua.brook@ibcps.com.au</a></p> | <p><b><u>Rick Ericson</u></b><br/>(Pest Management Officer)</p> <p>Mobile:<br/> <a href="mailto:Rick.Ericson@ibcps.com.au">Rick.Ericson@ibcps.com.au</a></p> | <p><b><u>South Johnstone Office</u></b><br/>Ph: 4064 3300<br/>Japoon Road, South Johnstone</p> <p><b><u>Babinda Office</u></b><br/>Ph: 4067 1266<br/>156 Howard Kennedy Drive</p> |
|---|---|--|---|

**Please nominate blocks of LODGED cane you wish to aerial bait for GROUND RATS, along with your FARM MAP.  
 Failure to return this form by the 1<sup>st</sup> day of the Month to IBCPS will result in NO Aerial Baiting completed.**

| Grower/Trading Name: |       |         | Contact Number: | Month of Baiting: |
|----------------------|-------|---------|-----------------|-------------------|
| Farm No              | Block | Variety | Crop Class      | Area (ha)         |
|                      |       |         |                 |                   |
|                      |       |         |                 |                   |
|                      |       |         |                 |                   |
|                      |       |         |                 |                   |
|                      |       |         |                 |                   |
|                      |       |         |                 |                   |
|                      |       |         |                 |                   |

**Payment Method (Please circle appropriate option number):**

1. Payment via deduction from my **CANE PAY** through MSF Sugar.  
Farm Number/s \_\_\_\_\_
2. **CASH** (Payment at your Babinda or SJ IBCPS Office)
3. **CHEQUE** (Make payable to IBCPS; can be delivered to your Babinda or SJ IBCPS Office of posted to IBCPS – AS ABOVE)

**DECLARATION**

- I agree and understand the terms and conditions of sale as set out above.
- I understand that the contractor used for Aerial Baiting will be through Heliservices QLD.
- I agree that all information from the aerial event can be recorded and provided to IBCPS, DES and Canegrowers organisations.
- I acknowledge that as the landholder, I will follow all instruction provided by IBCPS.
- I declare that the information provided is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_