



Application for Horse Transfer/Registration/Rookie Nomination

This form is required for Rookie Horse Nominations for the Competition Year 1st April 2019 to 31st March 2020

1. Application for: Transfer / Registration / Rookie Nomination - Horse MUST be ACA registered Fee: \$

Name of Horse: Campdrafting Name:

Sex: Stallion / Mare / Gelding Age: Colour: Breed: Status: Maiden / Novice / Open

Sire: Dam:

Owner: ACA No. Lessee: ACA No.

Address: Suburb: State: P/code:

Email: Ph.:

Rider: ACA No. Rider: ACA No.

Previous Owner (if transferring only): ACA No.

Application Type

Fee

Horse Transfer

Rule C.6 If a registered horse is sold, it is the responsibility of both the vendor and the purchaser to notify the ACA Secretary of the transfer within seven (7) days of same.

\$9.00

Horse Registration

Rule C.2 Registration is current for the life of the horse, providing the owner or lessee is a full financial member of the ACA.

\$22.50

Rookie Nomination - Horse must be ACA registered to be nominated as a Rookie.

Rule K.1 A Rookie Horse is a horse, which has not started in a Campdraft prior to 1st April in the competition year (excluding Junior, Juvenile, Associate, Futurity, Encouragement and Sale Incentive drafts, schools etc.).

Rule K.2 The owner of a Rookie Horse must be a full financial member of the ACA and the horse must be registered with the ACA.

Rule K.4 Horses must be nominated with the Secretary on the official form as a Rookie Horse prior to their first start

\$38.70

As an ACA member it is advised that you read the full terms and conditions for horse registration and rookie horse nominations prior to completing this form. As rules can change periodically, ACA also advises that you refer to the latest copy of the General Information Competition Rules and Guidelines (ACA Rule Book) which is available to download online at www.campdraft.com.au

Who receives money won by this horse at the National Finals? Owner / Lessee

Is this person GST registered: Yes/No

Account Name:

Bank: BSB: Account:

Print Name: Signature:

I certify that the information provided on this form is true and correct and each horse meets the relevant requirements.

Note: Forms will not be processed unless all fields are completed and signed.

This form is two sided and can be used for up to four additional transfer/registration/rookie nominations

Select payment method:

Date payment made:

Credit Card: Card No: / / Expiry Date: / CVV: Total: \$

Cardholder's Name: Signature:

Cheque: Cheque Number: Name on Cheque: Total: \$

Direct Deposit: Bank: Reference Number (Invoice No. or Membership No. & Surname): Total: \$

Account Name: Australian Campdraft Association Inc. Bank: Westpac BSB: 034-171 Account: 171 918

Payments received via bank transfer will be left unallocated if a reference number is not provided to identify the payment

Office Use: Date payment processed:

Payment Method: Receipt Reference (& Committee Name if required):

Chq Number: Name on Chq: Total:

Gold Sponsors:





Australian Campdraft Association Inc.

ABN: 33 767 694 241

PO Box 472
ROMA QLD 4455
Ph.: 07 4622 3110
Fax: 07 4622 8119
Email: aca@campdraft.com.au

2. Application for: Transfer / Registration / Rookie Nomination – **MUST** be ACA registered

Fee: \$ _____

Name of Horse: _____ Campdrafting Name: _____

Sex: Stallion / Mare / Gelding Age: ____ Colour: _____ Breed: _____ Status: Maiden / Novice / Open

Sire: _____ Dam: _____

Owner: _____ ACA No. _____ Lessee: _____ ACA No. _____

Address: _____ Suburb: _____ State: _____ P/code: _____

Email: _____ Ph.: _____ / _____

Rider: _____ ACA No. _____ Rider: _____ ACA No. _____

Previous Owner (if transferring only): _____ ACA No. _____

3. Application for: Transfer / Registration / Rookie Nomination – **MUST** be ACA registered

Fee: \$ _____

Name of Horse: _____ Campdrafting Name: _____

Sex: Stallion / Mare / Gelding Age: ____ Colour: _____ Breed: _____ Status: Maiden / Novice / Open

Sire: _____ Dam: _____

Owner: _____ ACA No. _____ Lessee: _____ ACA No. _____

Address: _____ Suburb: _____ State: _____ P/code: _____

Email: _____ Ph.: _____ / _____

Rider: _____ ACA No. _____ Rider: _____ ACA No. _____

Previous Owner (if transferring only): _____ ACA No. _____

4. Application for: Transfer / Registration / Rookie Nomination – **MUST** be ACA registered

Fee: \$ _____

Name of Horse: _____ Campdrafting Name: _____

Sex: Stallion / Mare / Gelding Age: ____ Colour: _____ Breed: _____ Status: Maiden / Novice / Open

Sire: _____ Dam: _____

Owner: _____ ACA No. _____ Lessee: _____ ACA No. _____

Address: _____ Suburb: _____ State: _____ P/code: _____

Email: _____ Ph.: _____ / _____

Rider: _____ ACA No. _____ Rider: _____ ACA No. _____

Previous Owner (if transferring only): _____ ACA No. _____



Gold Sponsors:

