



Sires Progeny Nomination

This form is for the ACA competition year 1st April 2019 to 31st March 2020

- Rule L.1 Eligible sires for this award may be alive or dead and must be owned by a current financial member. In the event that a sire is deceased, a current member must have owned such sire on the date of death. Only registered progeny (not sires) may earn points in this award
- Rule L.3 Sires nominating after 30th April must pay a late nomination fee of \$110 (Inc. GST).

Name of Sire: _____

Owner: _____ ACA No. _____

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

Total nomination fee if paid *before* 30th April 2019: **\$22.50**

Total nomination **AND** late fee if paid *after* 30th April 2019: **\$132.50**

Note: Sires Progeny Nomination forms received by the office **after 30th April** will incur the above mentioned late fee. In order for your form to be processed efficiently please return them to the ACA office as soon as possible via email, post or fax.

As an ACA member it is advised that you read the full terms and conditions for horse registration and sires progeny nomination 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

List progeny below (*Please see over page for more space to list progeny*)

Name of Horse	Owner

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:



