Australian Campdraft Association Inc.
ABN: 33 767 694 241

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ROMA QLD 4455
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Champion Rookie Horse Competition Sponsorship
This form is for the ACA competition year 1st April 2019 to 31st March 2020

- *Note:* Sponsors support the overall competition and not an individual horse
- *Note:* Sponsors can sign up at any time during the year, with the competition year running from 1st April to 31st March, promotion of your involvement in this completion will only commence from when you sign up
- *Note:* Sponsors competition will be run in conjunction with the Rookie horse completion rounds at the Australian Campdraft Association National Finals
- *Note:* Sponsors will draw for horses starting in completion rounds and the aggregate score of drawn horses over the two rounds determines the winning sponsor

Date: _____

Business/Syndicate Name: _____

Who is in this Syndicate?

1. _____
2. _____
3. _____
4. _____

Contact Person: _____Ph:_____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Email: _____

Signature of authorised person: _____

Total payable by each person (*Syndicate only*):	$_____
Total payable:	**$550.00**

Who receives prizemoney won at the National Finals?

Are you GST registered: Yes/No

Account Name: _____

Bank: _____ *BSB:* _____*Account No.:* _____

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: