



### Champion Rookie Horse Competition Sponsorship

This form is for the ACA competition year 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021

- *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 1<sup>st</sup> April to 31<sup>st</sup> 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 ( <i>Syndicate only</i> ):	\$ _____
Total payable:	<b>\$550.00</b>

#### 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 :

