



Application for Horse Transfer/Registration/Rookie Nomination

This form is for Rookie Horse Nominations for the Competition Year 1 April 2020 to 31 March 2021

Owner:	ACA No.	
Lessee:	ACA No.	
Address:		
Suburb:	State:	Postcode:
Email:	Phone:	Phone:

Horse's Campdrafting Name:	Status: Maiden / Novice / Open	
Sex: Stallion / Mare / Gelding	Age:	Colour:
Breed:		
Sire:	Dam:	
Previous Owner (if transferring only):		

Horse's Campdrafting Name:	Status: Maiden / Novice / Open	
Sex: Stallion / Mare / Gelding	Age:	Colour:
Breed:		
Sire:	Dam:	
Previous Owner (if transferring only):		

Horse's Campdrafting Name:	Status: Maiden / Novice / Open	
Sex: Stallion / Mare / Gelding	Age:	Colour:
Breed:		
Sire:	Dam:	
Previous Owner (if transferring only):		

Horse's Campdrafting Name:	Status: Maiden / Novice / Open	
Sex: Stallion / Mare / Gelding	Age:	Colour:
Breed:		
Sire:	Dam:	
Previous Owner (if transferring only):		



Application Type	Fee
Horse Transfer	\$9.00
Horse Registration	\$22.50
Rookie Nomination – <i>Horse must be ACA registered to be nominated as a Rookie.</i>	\$38.50

It is advised that you read the full terms and conditions for horse registrations & Rookie Horse nominations prior to completing this form. As rules can change periodically, ACA also advise 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 & correct and each horse meets the relevant requirements.

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

Select payment method:

Date payment made: _____ Total: \$ _____

Credit Card: Card Number: ____ / ____ / ____ / ____
 Expiry Date: ____ / ____ CVV: ____

Cheque: Cheque Number: _____ Name on Cheque: _____

Direct Deposit: Reference (name and ACA membership number): _____

Account Name: Australian Campdraft Association Inc. 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: _____ Total: \$ _____

Payment Method: _____ Receipt Reference: _____

Cheque Number: _____ Name on Cheque: _____

