



# SPRINGSURE CUTTING SHOW

**Nomination Form (one form per rider)**

**Date:** 9<sup>th</sup> & 10<sup>th</sup> September 2017 **Start Time:** 7:00am

**Entries close 31<sup>st</sup> August 2017**



Event	Horses Name	Owners Name	NCHA #	Riders Name	NCHA #	Total \$
<b>Entries will not be accepted without full payment.</b> Please make all cheques payable to "Springsure Working Horse Association" or direct deposit to <b>BSB: 014 702 Account Number: 1105 60172</b>					<b>TOTAL (includes GST)</b>	<b>\$</b>

**Send completed entry forms to:** Ella-Rae Wilson Rose, P.O. Box 127, Springsure QLD 4722 or ella.wilsonrose@cropboss.com.au

**PLEASE NOTE – THE FOLLOWING DECLARATION MUST BE COMPLETED**

**Name:** *(prizemoney will be issued to the person named here):* \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I am registered for GST  **Yes - ABN:** \_\_\_\_\_

**No** - I am not quoting an ABN as the entry is made in the course of an activity that is a private recreational pursuit or hobby.

**Signature:** \_\_\_\_\_

**Bank Details** *Please provide your bank account details so that your prizemoney can be direct deposited into your account*

**Account Name:** \_\_\_\_\_ **BSB:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_



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