



SPRINGSURE CUTTING SHOW

Nomination Form (one form per rider)

Date: 9th & 10th September 2017 **Start Time:** 7:00am

Entries close 25st August 2017



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

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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