NATIONAL CUTTING HORSE ASSOCIATION

EVENT MEDIA CREDENTIAL FORM

This form must be read in conjunction with the NCHA Australia 2026 Media Policy available from https://www.ncha.com.au/industry-information/media-releases

NAME: _____

BUSINESS NAME: _____

BUSINESS ABN: _____

ADDRESS: _____

CONTACT NUMBER: _____

EMAIL: _____

NCHA MEMBER: ☐ NO ☐ YES MEMBERSHIP NUMBER: _____

I request credentials as a *(please check all that apply):*

☐ WRITER ☐ VIDEOGRPAHER ☐ PHOTOGRAPHER ☐ WEBSITE/SOCIAL MEDIA

☐ OTHER: _____

I will be/am on assignment for:

☐ PUBLICATION/MEDIA OUTLET ☐ MARKETING COMPANY/FREELANCE

COMPANY NAME: _____

WEBSITE *(IF APPLICABLE)*: _____

I am at least 18 years of age: ☐ NO ☐ YES

I am applying for media credentials for the following event/s:

☐ 2026 4CYTE NATIONAL FINALS - ***$300 plus GST***

☐ 2026 4CYTE FUTURITY - ***$500 plus GST***

Please provide a copy of your Public & Products Liability Certificate of Currency to accounts@ncha.com.au

Freelance Photographer/Videographer can list up to 5 clients. If more than 5 clients are nominated, applicants must apply to NCHA Australia, with additional charges agreed upon for larger entities at NCHA's discretion.

I understand any late clients I take on after completing this form and it has been approved will incur a $100 late fee. This fee is payable immediately.

SIGNATURE: _____ **DATE:** _____

PAYMENT METHOD

☐CREDIT CARD

***(1.2% fee applies to credit cards** – if the transaction is rejected due to insufficient funds your payment will be considered as invalid and will not be processed)*

CREDIT CARD NUMBER: _____ EXP. DATE: _____

CARD HOLDERS SIGNATURE: _____

☐DIRECT DEPOSIT

WESTPAC
BSB: 032 621
ACCOUNT: 598072

NATIONAL CUTTING HORSE ASSOCIATION

FREELANCE CLIENT LIST:

CLIENT 1

COMPANY BRAND/NAME: _____

CONTACT NAME: _____

PHONE: _____ EMAIL: _____

RIDERS/HORSES: _____

_____

CLIENT 2

COMPANY BRAND/NAME: _____

CONTACT NAME: _____

PHONE: _____ EMAIL: _____

RIDERS/HORSES: _____

_____

CLIENT 3

COMPANY BRAND/NAME: _____

CONTACT NAME: _____

PHONE: _____ EMAIL: _____

RIDERS/HORSES: _____

_____

CLIENT 4

COMPANY BRAND/NAME: _____

CONTACT NAME: _____

PHONE: _____ EMAIL: _____

RIDERS/HORSES: _____

_____

CLIENT 5

COMPANY BRAND/NAME: _____

CONTACT NAME: _____

PHONE: _____ EMAIL: _____

RIDERS/HORSES: _____

_____

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MEDIA POLICY/CODE OF CONDUCT

By signing the NCHA Australia Media Credential Request Form, media representatives agree to the following:

1. Credentials must be available to view while present on the event grounds. Photos and videos may be taken from the spectator seating and walkways in the show arenas, and around the grounds. Photography or videography from the arena floor, warm up areas, practice pens, cattle pens or any other area that may obstruct gates or access points during competition is strictly prohibited. Unless approved by NCHA Australia or their delegated representative.
2. Media will respect exhibitors and refrain from disturbing or disrupting them as they are preparing to show.
3. Media will act professionally at all times and respect any instructions given by NCHA Australia staff. Media will adhere to the NCHA Australia Media Code of Conduct.
4. During competition/s media will not be permitted inside the show arena, cattle pens or any other area that may obstruct gates or access points.

Violation of the NCHA Australia Media Policy may result in immediate removal from the event premises, refusal of future media credential requests, possible fines, and/or an indefinite ban from NCHA Australia events.

By signing the application for credentials, media and freelancers agree to the terms contained herein and to positively promote the NCHA Australia.

All applicants must be 18 years of age or older. Certain exceptions may apply.

Please direct all questions to:
Wayne Brown, NCHA Australia General Manager – generalmanager@ncha.com.au

All applicants, please sign and date:

I have read the NCHA Australia 2026 Media Policy and agree to abide by its terms and conditions. I understand that failure to do so will result in removal from the event and/or denial of future media credential requests.

SIGNED: _____ **DATE:** _____

PLEASE RETURN FORM TO: accounts@ncha.com.au
All details must be filled in correctly before returning to the NCHA Office