

Glen Innes 2019 Show Campdraft Nomination Form

- Nominations will only be accepted by post with payment of the full nomination fee (cattle levy is included in nomination).
- Entries close 4pm Wednesday 30th January 2019 or when cattle numbers are allocated.
- Entries accepted by post or over counter (no email fax or phone entries accepted). Payments will be processed as received.
- Notice of acceptance will be emailed or SMS as per contact details.
- It is the competitors responsibility to confirm receipt/acceptance of entries. Deposit of payment does not guarantee acceptance of entries.
- Any cancellations to be notified by SMS or email
 - cancellations after 9am Monday 11th Feb 2019 will forfeit cattle fee.
 - cancellations after 9am Wednesday 13th Feb 2019 will forfeit **full** nomination.
- A separate nomination form for EACH competitor, and a signed waiver & Horse Health Declaration MUST be completed for EACH competitor
- Enquiries to Show Office Phone: 02 6732 1744, SMS 0438 766 074

COMPETITORS NAME: _____

ADDRESS: _____

STATE _____ **POSTCODE** _____

PHONE: (day) _____ **(ah)** _____ **MOBILE:** _____

EMAIL: _____

| <i>Horses Name – listed in order of run preference Horse name must be supplied at time of nomination. No name = no entry. No substitution of horse or rider after draw is compiled.</i> | Maiden/Novice Combined \$30 | Maiden Only \$20 | Novice Only \$22 | Juvenile (13 u 17) Limit 1 ride \$10 | Junior (8 u 13) Limit 1 ride \$8 | Open \$35 |
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| Total \$ | | | | | | |

| FEES and PAYMENT DETAILS | | | Return Entry Forms & Payment to: | |
|---|----------------------------|---|--|--|
| Payment | \$ | Office Use Only: Receipt # | 2019 GISS Show Campdraft c/- Glen Innes Show Society PO Box 145 GLEN INNES NSW 2370 | |
| Please make cheques payable to Glen Innes Show Society | | | | |
| | | Chq <input type="checkbox"/> M/Order <input type="checkbox"/> C/Card <input type="checkbox"/> | | |
| Credit Card Details: | | | CC | |
| Visa <input type="checkbox"/> M/Card <input type="checkbox"/> | Card Expiry MM / YY | Name on Card: _____ | | |
| Cardholders Signature: _____ | | | | |

