



## **Expression of Interest Form To Host ACA National Finals**

This form is intended to:

1. Provide the applying ACA Affiliated Committee with an overview of the requirements and expectations in running the ACA National Finals.
2. Provide the ACA Management Committee with an overview of the applying ACA Affiliated Committee's capacity for hosting the ACA National Finals.

### **Committee, Date and Location**

*The ACA National Finals are held Wednesday to Saturday, in the second or third week of April.*

**ACA Affiliated Committee Name:**

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**Location of ACA National Finals:**

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**Year that ACA Affiliated Committee would like  
to host the ACA National Finals:**

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**Proposed Dates:**

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### **Event Contact Person**

*There are many aspects to organise for a National Finals. The ACA Office Team requires the Host Committee to nominate one person for all correspondence to go through that will be readily available, especially as the Finals draw close.*

**Name:**

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**Committee Position:**

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**Phone:**

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**Email:**

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**Will this contact person be readily available: YES / NO**

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### Additional Committee Contact Persons

*Additionally, please list the names of your President, Treasurer and Secretary (even if one of these is listed in the above section).*

President Name: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_

Secretary Name: \_\_\_\_\_

### ACA Affiliation

Please list the years that your committee has been affiliated with ACA and accordingly, the events you have hosted in each year.

YEAR	EVENTS







ACA provide a Host Grant of \$15, 000 retrospectively to help cover the costs of running a National Finals.

Please provide a preliminary budget breakdown of your most recent event:

ITEM	\$ VALUE
<b>Income:</b>	
<b>Total:</b>	
<b>Expenses:</b>	
<b>Total:</b>	





*On Saturday evening the ACA Presentation Dinner is to be held. A suitable area must be prepared that is able to hold a formal sit-down dinner that includes an awards presentation area, suitable lighting for photos, a microphone system and entertainment. Supporting documentation is strongly encouraged.*

**Please describe the location suggested for the presentation dinner:**

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**Please describe the resources available to cater for food and the other aspects of the presentation dinner:**

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***The National Finals will be live streamed.***

**Is there an availability for:**

1. a van to park next to the arena with a power supply,
2. an area for a cherry picker to operate near the van,
3. the ability for a camera to be powered near the cut out yard.

**Please Circle:      YES / NO**

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***Committees often have issues with sourcing a cost efficient medical services provider.***

**Do you have a readily available and affordable medical services provider:      YES / NO**

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***There are many compulsory events that the Host Committee are required to run at the National Finals.***

**Please provide a preliminary event breakdown, including:**

1. Campdraft events: Restricted Open, Open, Novice, Ladies, Juvenile, Rookie Horse, Cut Out Horse, Top 30 Shootout.
2. Social events: Committee Meet and Greet, Sponsors Function, Competitors Dinner, Presentation Dinner, Zone Challenge, Zone Awards Presentation.

DAY	EVENTS
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	



## Proposed Locations Facilities

*As well as the need to accommodate the required events of a National Finals, the applying host committee is asked to consider if they can facilitate the large number of people that will attend.*

Please describe the availability and level of functionality for the below facilities:

FACILITY	DESCRIPTION
Toilets	
Showers	
Truck parking	
Power	
Bar areas	
Food outlets	
Other	





## Cattle Facilities

*As the National Finals is a large and prestigious event, it is expected that the utmost care will be taken where cattle are concerned.*

Please describe your cattle cartage and sourcing availability, including any costs:

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Please draw your backyards, cutout yard and arena and describe its features:



## Local Facilities

*Accommodation will be required by the ACA Office Team and associates.*

Please list you closest 3 accommodation providers and their maximum capacity:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*The ACA Office Team must be able to communicate with the office.*

Is there phone service:      YES / NO

\_\_\_\_\_

Is there strong internet connection:      YES / NO

\_\_\_\_\_

Please attached any supporting documents that may help to give an understanding of your location and how you would like to run the ACA Nationals Finals. Other comments can be provided below:

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*ACA National Finals Sub Committee Chairperson*

Dane Bateman

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