



Application for Registration & Rookie Nomination

This form is for Rookie Horse Nominations for the Competition Year 1 April 2022 to 31 March 2023

Owner:		ACA No.
Lessee:		ACA No.
Address:		
Suburb:	State:	Postcode:
Email:	Phone:	Phone:

Application Type	Fee
Horse Registration	\$36.30
Rookie Nomination – <i>Horse must be ACA registered to be nominated as a Rookie.</i>	\$72.60

It is advised that you read the full terms and conditions for horse registrations & Rookie Horse nominations prior to completing this form. As rules can change periodically, ACA also advise that you refer to the latest copy of the *General Information Competition Rules and Guidelines (ACA Rule Book)* which is available to download online at www.campdraft.com.au.

Please circle:	
Horse Registration/Rookie Nomination – must be ACA registered.	Fee: \$
Horse's Campdrafting Name:	
Sex: Stallion / Mare / Gelding	Age/DOB:
Breed: AQHA #: ASHS #: Status: Maiden / Novice / Open	
Sire: Dam:	
Previous Owner (if transferring only):	

Please circle:	
Horse Registration/Rookie Nomination – must be ACA registered.	Fee: \$
Horse's Campdrafting Name:	
Sex: Stallion / Mare / Gelding	Age/DOB:
Breed: AQHA #: ASHS #: Status: Maiden / Novice / Open	
Sire: Dam:	
Previous Owner (if transferring only):	

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Horse Registration/Rookie Nomination – must be ACA registered. Fee: \$

Horse's Campdrafting Name: _____

Sex: Stallion / Mare / Gelding Age/DOB: _____

Breed: AQHA #: ASHS #: Status: Maiden / Novice / Open

Sire: _____ Dam: _____

Previous Owner (if transferring only): _____

Please circle:
Horse Registration/Rookie Nomination – must be ACA registered. Fee: \$

Horse's Campdrafting Name: _____

Sex: Stallion / Mare / Gelding Age/DOB: _____

Breed: AQHA #: ASHS #: Status: Maiden / Novice / Open

Sire: _____ Dam: _____

Previous Owner (if transferring only): _____

I certify that the information provided on this form is true & correct and each horse meets the relevant requirements.

Note: Forms will not be processed unless all fields are completed and signed.

Select payment method:

Date payment made: _____ Total: \$ _____

Credit Card: Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expiry Date: _ _ / _ _ CVV: _ _ _

Cheque: Cheque Number: _____ Name on Cheque: _____

Direct Deposit: Reference (name and ACA membership number): _____

Account Name: Australian Campdraft Association Inc. BSB: 034 171 Account: 171 918

Payments received via bank transfer will be left unallocated if a reference number is not provided to identify the payment.

Office use:

Date Payment Processed: _____ Total: \$ _____

Payment Method: _____ Receipt Reference: _____

Cheque Number: _____ Name on Cheque: _____

