|  |  |  |
| --- | --- | --- |
| NAME: | ADDRESS: | PHONE: |
| EMAIL : |

**NOMINATION FORM - LEICHHARDT BRANCH - NOMINATION FORM**

**ENTRIES MUST BE ACCOMPANIED WITH PAYMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME OF RIDER | HORSES NAME | ASHS Membership # If Applicable | Age of RiderIf Youth | Contact Phone  | Clinic feesBranch member $270ASHS Member $290Non Members $340Loyalty discounted $306  |
|  |  |  |  |  |  |
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|  |  |
| --- | --- |
| TOTAL ENTRY FEES | $ |
| (CAMPING @$20 PER NIGHT) \_\_\_\_\_\_NIGHTS x $20 =\_\_\_\_\_\_\_\_\_\_\_ | $ |
|  |  |
| **Total Payment by please circle – Cheque / DD** | $ |

**Nominations BY DIRECT DEPOSIT TO LEICHHART ASHS – ANZ BSB: 014667 - ACC: 412189962.**

**PLEASE PUT SURNAME AS REFERENCE.**

EMAIL: Nominations to: leichhardtash@gmail.com