|  |  |  |
| --- | --- | --- |
| 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 Rider  If Youth | Contact Phone | Clinic fees  Branch member $270  ASHS Member $290  Non Members $340  Loyalty discounted $306 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |



|  |  |
| --- | --- |
| 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](mailto:leichhardtash@gmail.com)