



LED STOCK OFFICIAL ENTRY FORM

This entry form will act as a tax invoice. All fees are GST inclusive.
 ABN 68 531 710 498
 Copies of the General and Special Regulations and By-Laws of the RA&HS of SA Inc are available upon request at the Society's Administration Office. The General Regulations may also be viewed on the Society's web site.

Return this entry form to:
Postal: Horse Section,
 PO Box 40, Goodwood SA 5034
Office: Adelaide Showground,
 Secretary's Office, Rose Terrace
 Entrance, Wayville SA.
Faxed applications will not be accepted

PERSONAL DETAILS DO NOT SEND REGISTRATION CERTIFICATES FOR LED STOCK CLASSES

SURNAME: _____ GIVEN NAME: _____
 POSTAL ADDRESS: _____
 _____ STATE: _____ POSTCODE: _____
 TELEPHONE: _____ FACSIMILE: _____
 MOBILE: _____ I DO NOT WISH FOR MY CONTACT DETAILS TO BE AVAILABLE TO OTHER PARTIES
 I WISH TO BE CONTACTED VIA EMAIL
 EMAIL: _____

NOMINATED CLASSES - One horse per form please Is this horse also competing in Horses-in-Action YES NO

NAME OF HORSE		DATE OF BIRTH	
SIRE	DAM:		
BREEDER			
CLASS NO/S	BREED/S SOCIETY WITH WHICH THE ANIMAL IS REGISTERED	REGISTRATION NO/S	ENTRY FEE
1.		1.	
2.		2.	
3.		3.	
4.		4.	

RIDDEN STOCK HORSE EXHIBITORS ONLY		TOTAL ENTRY FEES \$					
RIDER NAME:		MEMBERSHIP SUBS \$					
DATE OF BIRTH: <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	TOTAL \$
D	D	M	M	Y	Y		

GST INFORMATION—Please complete either GST information OR Hobbyist Declaration

I, the above named exhibitor, apply to enter as part of a Private recreational pursuit or hobby Yes **OR** I, the above named exhibitor, am entering as a GST registered business Yes
 ABN:

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CONDITIONS OF ENTRY—Must be signed for entry to be accepted

- I agree to comply with and be bound by the General and Special Regulations and By-Laws of the RA&HS of SA Inc as applicable.
- I certify that the details on this entry form are true and correct.
- I verify that I/we are the registered owner/s/lessee of the animal listed on this form.

Signature: _____ Date: _____
(Parent or Guardian must sign if exhibitor under 18 years)

OFFICE USE ONLY	ADM FEE	ENTR	MEM	MEMJ	DISC	STALL	TOTAL
CHECKED BY _____ DATE _____							

PAYMENT DETAILS HORSES - LED STOCK—CHS

NAME:	FORM OF PAYMENT: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card										
POSTAL ADDRESS:	TYPE OF CARD: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex/Diners (3%fee applies)										
MEMBERSHIP NO (If previously paid):	NAME ON CARD: _____ EXPIRY: /										
NOTE: A MINIMUM OF \$10 IS REQUIRED FOR ALL CREDIT CARD PAYMENTS	CARD NO: <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> SIGNATURE: _____										

OFFICE USE ONLY	ADM FEE	ENTR	MEM	MEMJ	DISC	STALL	TOTAL
CHECKED BY _____ DATE _____ Inv: _____							

