



NOMINATION FORM

(ALL events except Weanling, save \$60 on Futurity Event)
ENTRY FEE - \$20 per Futurity Event

2020 FUTURITY NOMINATION FORM

Send forms and payment to:

PHAA Futurities
PO Box 1008
DUBBO NSW 2830

Phone: 02 6884 5513
 Fax: 02 6884 5517
 Email: office@painthorse.net.au

PAINT HORSE HALTER (Regular)

- B Yearling Halter
- C 2 & Over Halter

PAINT BRED HALTER (Solid)

- E PB Yearling Halter
- F PB 2 & Over Halter

PERFORMANCE

- G Yearling Lungeline
- H 2 Year old Lungeline
- I Yearling Led Trail
- J 2 Year Old Led Trail
- K Yearling Hunter in Hand
- L 2yo Hunter in Hand
- M 3 Yr Old & Over Hunter in Hand
- N 2 Yr Old Western Pleasure
- O 2 Yr Old Hunter Under Saddle
- P 2 Year Old Trail
- Q 3 Year Old Western Pleasure
- R 3 Yr Old Hunter Under Saddle
- S 3 year Old Trail
- T 4 Yr Old & Over Western Pleas.
- U 4 Yr Old & Over H Under Saddle
- V 4 Yr Old & Over Trail

DUE DATE, Futurity		
1st By 1 st Oct 2019		\$20
2 nd By 1 st Dec 2019		\$40
3 rd By 1 st Feb 2020		\$40
Final by 1 st April 2020		\$60
Total	If paid as above	\$160
Single	From Sept by 20 th Mar	\$220

PAYMENTS:

Cheques: payable to PHAA FUTURITIES

Direct Deposit details:

BSB: 062 534
 A/C No: 1025 3954

Credit Card: Note 2% merchant fee

HORSE Owner Details

Name:	Mem No.
Address:	
Email:	
Phone:	Mobile:
Signed:	Date:

Nomination 1		
Horse Name:	Regn No:	
Sex: Colt / Stallion / Gelding / Filly / Mare	Age at 1st Aug 2019 (in years)	Regn No:
Sire:	Regn No:	
Dam:	Regn No:	
Event Nominated <i>(list out event list)</i>	Total No of Events:	
Futurity	TOTAL NO. EVENTS x \$20	\$
Jackpot	TOTAL NO. EVENTS x \$20	\$

Nomination 2		
Horse Name:	Regn No:	
Sex: Colt / Stallion / Gelding / Filly / Mare	Age at 1st Aug 2019 (in years)	Regn No:
Sire:	Regn No:	
Dam:	Regn No:	
Event Nominated <i>(list out event letters)</i>	Total No of Events:	
Futurity	TOTAL NO. EVENTS x \$20	\$

TOTAL NOMINATION FEES ENCLOSED \$ _____

*For full rules and conditions, refer to PHAA 2020 Futurity Guidelines
 For Direct Deposit please ENSURE you identify your payment
 Additional forms may be attached as required*

Visa / MasterCard (Please Circle)	Card No _____ / _____ / _____ / _____
	Expiry Date __ / __
Name on Card:	