

ABCRA CAMPDRAFT ENTRY FORM

COMPETITOR DETAILS (Please Print)

NAME: _____

ADDRESS: _____

TOWN: _____

PHONE: _____ FAX: _____

EMAIL: _____

A.B.N: _____ GST REG'D: YES NO

ORGANISATION DETAILS

DRAFT: _____

PHONE: _____

FAX: _____

SIGNATURE: _____

RIDER	ORDER OF RUN (E.G. 1,2)	ABCRA HORSE REGO NO	HORSE NAME	ABCRA MEMBER NO.	MAID	NOV	OPEN	LAD	JNR	JUV	ENC	OTHER	ENTRY FEE

COMPETITORS – MAKE COPIES AND USE FOR YOUR ENTRIES

TOTAL ENTRY