



APPLICATION TO RESERVE A NAME

FEE \$60.00 per name

MEMBERS NAME:
ADDRESS:.....
.....
PHONE: EMAIL:
MEMBERSHIP NO.: EXPIRY DATE:.....

I/We apply to reserve the following name/s to be used for registration of PHAA horses by me/us within the next three years:

(Names not to exceed 25 letters and spaces including any prefix or stud name.(Rule 129)).

1. _____
2. _____
3. _____

I / we understand that the name/s listed above will become available to other persons if I/we do not use the name within the next three year period. Further it is understood that similar names may be authorized for use by other persons, particularly when stud names / prefixes are being used in conjunction with the name/s.

Should the name/s chosen not be available a credit note will be issued.

SIGNATURE: DATE:

PAYMENT	OFFICE USE ONLY
I enclose cheque / money order / credit card details for \$	
Visa / MasterCard (Please Circle) Card No: ____ / ____ / ____ / ____	Rec No.....
Name on Card: Expiry Date __ / __	Date:
<i>Please note – Credit card payments will attract a 2.00% Merchant fee.</i>	Checked:
Signature: Date:	Recorded: