



PAYMENTS

(ALL Futurity Events except Weanling)
(Nominated prior to 31 August 2018 - \$160)

PROGRESS PAYMENT FUTURITY

2018 FUTURITY PAYMENT 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 (Coloured)

- 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

ENTRY CONDITIONS:

Forms without payments or payments without forms will not be accepted.

	DUE DATE	
2 nd	By 1 st Dec 2017	\$40
3 rd	By 31 st Jan 2018	\$40
Final	by 20 th March 2018	\$60
Total	If paid as above	\$160
Single	From Sept and by 20 th March	\$220

PAYMENTS:

Cheques:

payable to PHAA FUTURITIES

Direct Deposit details:

BSB: 062 534
A/C No: 1025 3954

Credit Card:

Please complete below, note 2% merchant fee charged

HORSE Owner Details

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

PAYMENT NO.: 2 3 4 (circle appropriate)			
Horse Name:		Regn No:	
Classes Nominated <i>(list out event numbers)</i>		Total No Events:	
Payment		TOTAL NO. EVENTS __ X	\$

PAYMENT NO.: 2 3 4 (circle appropriate)			
Horse Name:		Regn No:	
Classes Nominated <i>(list out event numbers)</i>		Total No Events:	
Payment		TOTAL NO. EVENTS __ X	\$

PAYMENT NO.: 2 3 4 (circle appropriate)			
Horse Name:		Regn No:	
Classes Nominated <i>(list out event numbers)</i>		Total No Events:	
Payment		TOTAL NO. EVENTS __ X	\$

TOTAL NOMINATION FEES ENCLOSED \$ _____

For full rules and conditions, refer to PHAA 2018 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: Signature
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