WINTON PASTORAL & AGRICULTURAL SHOW SOCIETY INC.

HORSE NOMINATION FORM

Name:_____ Guardian (if under 18):_____
Address:_____
Phone:_____

FEES MUST ACCOMPANY ENTRY FORM UNLESS STATED OTHERWISE.
ENTRY FORMS WILL NOT BE PROCESSED UNTIL AFTER FEES ARE RECEIVED.
ALL RIDERS MUST SUBMIT A SIGNED WAIVER & HORSE HEALTH DECLARATION FORM BEFORE WRIST BANDS WILL BE ISSUED.

CLASS NUMBER	NAME OF HORSE	SEX	ENTRY FEE
	TOTAL		

I make the following entries subject to the rules and regulations of the Winton Pastoral & Agricultural Show Society Inc. for the forthcoming Show.

Signature (or Guardian if under 18):_____Date: / /

Completed forms to be returned to:
horsesteward@wintonshow.com.au
or
ATTN: HORSE STEWARD PO BOX 97 WINTON QLD 4735