



NCHA Ltd t/a
National Cutting Horse Association

(ABN: 95 623 350 256)

REQUEST TO CHANGE NAMED SLOT

OWNER INFORMATION

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

WHAT EVENTS IS THE SLOT BEING RENAMED IN?

- | | | |
|--|---|---|
| <input type="checkbox"/> Non Pro Futurity | <input type="checkbox"/> NP + Amateur Futurity | <input type="checkbox"/> Amateur Futurity ONLY |
| <input type="checkbox"/> Non Pro Derby | <input type="checkbox"/> NP + Amateur Derby | <input type="checkbox"/> Amateur Derby ONLY |
| <input type="checkbox"/> Non Pro Class/Challenge | <input type="checkbox"/> NP + Amateur Class/Chall | <input type="checkbox"/> Amateur Class/Chall ONLY |
| <input type="checkbox"/> Limited NP Futurity | | |

NEW SLOT INFORMATION

Current Name: _____ New Name: _____

Sire: _____ Dam: _____

DOB: _____ Sex: _____ Color: _____

Rego No: _____ Rider: _____

- I have attached identification of named horse This is a slot

**I hereby authorize the change of name for this entry to be recorded by the National Cutting Horse Association subject to this form being lodged with the NCHA within 7 days of the date of acknowledgment.*

Owner Signature: _____

Cost: \$300.00 (per un-naming) Payment Method:

- Cheque Money Order Credit Card

(1.2% fee applies to credit cards – if the transaction is rejected due to insufficient funds your payment will be considered as invalid and will not be processed)

Credit Card Number _____ / _____ / _____ / _____ Exp Date _____ / _____

Card Holders Name _____ Card Holders Signature _____

PLEASE SEND THIS FORM TO:
National Cutting Horse Association
PO BOX 3098, WEST TAMWORTH NSW 2340
Ph 02 6765 9356 ♦ Fax 02 6765 9354 ♦ E admin@ncha.com.au