

NCHA Ltd t/a

National Cutting Horse Association

(ABN: 95 623 350 256)

OFFICIAL SLOT SALE CERTIFICATE

TRANSFEROR DETAILS (FROM)	TRANSFEREE DETAILS (TO)
Name:	Name:
Address:	Address:
7.44.0551	
	_
Phone:	Phone:
Email:	Email:
Signature:	Signature:
WHAT EVENTS IS THE SLOT BEING SOLD IN?	
□ Non Pro Futurity □ NP + A	Amateur Futurity
□ Non Pro Derby □ NP + A	Amateur Derby
■ Non Pro Class/Challenge ■ NP + A	Amateur Class/Chall
☐ Limited NP Futurity	
 This form must be accompanied by an entry form in the new owners name and horse's registration papers or id. A Non Professional rider's slot may be sold to another Non Professional. This will attract an administration fee of \$165. A Non Professional who has named their slot must un-name the entry before selling to another Non Professional. This will attract an administration fee of \$300 (please see Request to Change Named Slot form). When a Non Professional sells a slot after the draw they cannot repurchase another slot in that class. They may however buy a horse from another Non Professional which is entered in that class and show the purchased horse in the allocated draw position which has been assigned to that horse. If at the time final nomination payment is made; the horse or horses to be ridden are not yet named, you have the option to withhold this information until 1hr prior to the event for an additional charge of \$300. Failure to notify the office of the horses name 1 hour prior to the commencement of the event will result in disqualification. If a Non Professional does not name their horse or horses before the draw, the working order will be drawn in the name of the rider; if two horses are entered, they shall work in alphabetical order. A rider that names one horse will work in the first assigned draw and the other draw will be left vacant. 	
Cost: \$165.00 (per transfer) Payment Method:	
Cheque ☐ Mon	ey Order 🗖 Credit Card 🗖
(1.5% 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 2348
Ph 02 6765 9356 ◆ Fax 02 6765 9354 ◆ E admin@ncha.com.au