



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](mailto:admin@ncha.com.au)