

**National Cutting Horse Association**  
PO Box 3098  
West Tamworth NSW 2340  
Phone 02 6765 9356  
Email shows@ncha.com.au



**CLINIC/PRACTICE DAY/PREWORKS APPLICATION**

Name of Affiliate: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Number \_\_\_\_\_

Contact Email: \_\_\_\_\_

Venue: \_\_\_\_\_

Venue Address: \_\_\_\_\_

Clinician(s) Name(s): \_\_\_\_\_

Event Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Event Type (Please circle):

CLINIC

PRACTICE DAY

PREWORKS

Proposed number of participants: \_\_\_\_\_

Please describe the facilities of the venue:

- INDOOR / OUTDOOR ARENA

- STABLES / YARDS

- OTHER: \_\_\_\_\_

Proposed Activities:

Mechanical cow       Live cattle       Clinic

Other activities (please list) \_\_\_\_\_

\_\_\_\_\_

Current Membership status of participants checked and Day Memberships completed.

Once Application is approved the NCHA Office will invoice the Affiliation Fee.

Date: \_\_\_\_\_ Signed \_\_\_\_\_

**An Affiliation Fee of \$55 applies**

**Please ensure that the venue being utilized for the above event has a current certificate of currency approved by the NCHA. Please note that these expire March each year.**