



Ranch sorting Tamworth 1/4/18 competition

Start time 8:30am **Entries open** 24/02/18 **close** 24/03/18

- * Committee has the right to alter program
- * All entries prepaid.
- * All scratchings will have first aid and cattle levies deducted
- * No refund will be given if scratchings received after 26/03/17 unless accompanied by a medical certificate or vet certificate



Contact: Robyn Bowman : 0419417304 (mobile)

Stephanie Wooldridge: 0403547273 (mobile)

please supply your account details for possible prize money to be direct deposited into.

NAME: _____

BSB: _____ ACC No _____

Competitor Details

Name _____ Phone _____

Address _____ Email _____

_____ Total amount owing to RST _____

ABCRA membership no _____ Signature _____

Note: if RSNCA membership not financial, or no membership is supplied above a day permit will be charged on the day.

Email entries to : ranchsortingtamworth@hotmail.com or

post to 32 Bridge St Uralla NSW 2358 with your cheque.

to direct deposit :

Bank details : "Ranch sorting Tamworth"

BSB: 932000

Account :750649 (Regional Australia Bank)



RANCH SORTING TAMWORTH

in association with Australian Appaloosa Association

to be held at AELEC camp draft arena

An Affiliate of Ranch Sorting national Championships Australia

Show Date: Saturday 1/4/2018



~~~ Please confirm partners BEFORE lodging your entry ~~~

Competitor Name \_\_\_\_\_ ABCRA no \_\_\_\_\_

**Appaloosa registered incentive #10 handicap class (must be registered with AAA)**

Partner #1: \_\_\_\_\_

Partner # 2: \_\_\_\_\_

Partner # 3: \_\_\_\_\_

Partner # 4: \_\_\_\_\_

Total No Rides in this class (Including Auto Draw): \_\_\_\_\_

Entry fee \$20 Total \_\_\_\_\_

**Beginner Class**

Partner #1: \_\_\_\_\_

Partner # 2: \_\_\_\_\_

Partner # 3: \_\_\_\_\_

Partner # 4: \_\_\_\_\_

Total No Rides in this class (Including Auto Draw): \_\_\_\_\_

Entry fee \$20 Total \_\_\_\_\_

**#4 - Non Handicap**

Partner #1: \_\_\_\_\_

Partner #2: \_\_\_\_\_

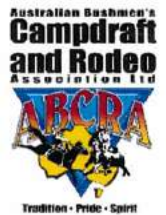
Partner #3: \_\_\_\_\_

Partner #4: \_\_\_\_\_

Total No. of Rides in This Class (Including Auto Draw): \_\_\_\_\_

Entry Fee: \$ \_\_\_\_\_ \$24

TOTAL \$ \_\_\_\_\_



**#8 Handicap**

Partner #1: \_\_\_\_\_

Partner #2: \_\_\_\_\_

Partner #3: \_\_\_\_\_

Partner #4: \_\_\_\_\_

Total No. of Rides in This Class (Including Auto Draw): \_\_\_\_\_

Entry Fee: \$ \_\_\_\_\_ 24

Total: \$ \_\_\_\_\_

All Payments by Direct Deposit at The time of entering to: Ranch Sorting Tamworth BSB: 932 000

**All Levels Handicap**

Partner #1: \_\_\_\_\_

Partner #2: \_\_\_\_\_

Partner #3: \_\_\_\_\_

Partner #4: \_\_\_\_\_

Total No. of Rides in This Class (Including Auto Draw): \_\_\_\_\_

Entry Fee: \$ \_\_\_\_\_ 24

Total: \$ \_\_\_\_\_

Event Membership \$ \_\_\_\_\_ Plus Total Entries \$ \_\_\_\_\_ TOTAL PAYABLE

OFFICE USE ONLY

# Ranch Sorting National Championships Australia New Member Survey Form



Please complete this form fully and submit to the Event Producer at the time of entering the event you intend to compete at.

The Show Producer will allocate you a temporary Rating based on your stated experience/ability.

CHRISTIAN NAME/S: \_\_\_\_\_ SURNAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PC: \_\_\_\_\_

HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ MOBILE: \_\_\_\_\_

NICK-NAME (IF COMMONLY USED): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PLEASE LIST ALL PENNING/SORTING ORGANIZATIONS THAT YOU HAVE BEEN A MEMBER OF IN THE LAST 10 YEARS AND YOUR RATING.**

\_\_\_\_\_ RATING: \_\_\_\_\_

\_\_\_\_\_ RATING: \_\_\_\_\_

\_\_\_\_\_ RATING: \_\_\_\_\_

### YOUR EXPERIENCE

PLEASE NOTE YOUR EXPERIENCE: \_\_\_\_\_

NOTE YOUR HOW LONG HAVE YOU BEEN SORTING/PENNING? \_\_\_\_\_ YEARS.

HOW MANY AWARDS HAVE YOU WON IN SORTING/PENNING? \_\_\_\_\_

HOW LONG HAVE YOU BEEN CAMPDRAFTING? \_\_\_\_\_ YEARS.

HOW MANY CAMPDRAFTS HAVE YOU WON? \_\_\_\_\_

OVER THE PAST 3 YEARS, HOW MUCH MONEY HAVE YOU WON IN:

CAMPDRAFTING: \$ \_\_\_\_\_ PENNING: \$ \_\_\_\_\_

### YOUR ABILITY

ON A SCALE OF 1 TO 9 PLEASE RATE YOUR ABILITY: \_\_\_\_\_  
(1 - BEGINNER AND 9 - EXPERT)

### YOUR HORSES ABILITY

ON A SCALE OF 1 TO 9 PLEASE RATE YOUR HORSES ABILITY: \_\_\_\_\_  
(1 - VERY GREEN AND 9 - HIGHLY TRAINED)

PLEASE NOTE YOUR HORSES EXPERIENCE: \_\_\_\_\_

Show Location: \_\_\_\_\_

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

Producer: \_\_\_\_\_

Temporary Rating: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_

Adjusted Rating: \_\_\_\_\_

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

Approved By: \_\_\_\_\_

### PRODUCERS PLEASE NOTE:

A copy of this New Member Survey Form is to be forwarded to RSNCA with the show returns.

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PRODUCER COMMENTS: