

Phone:

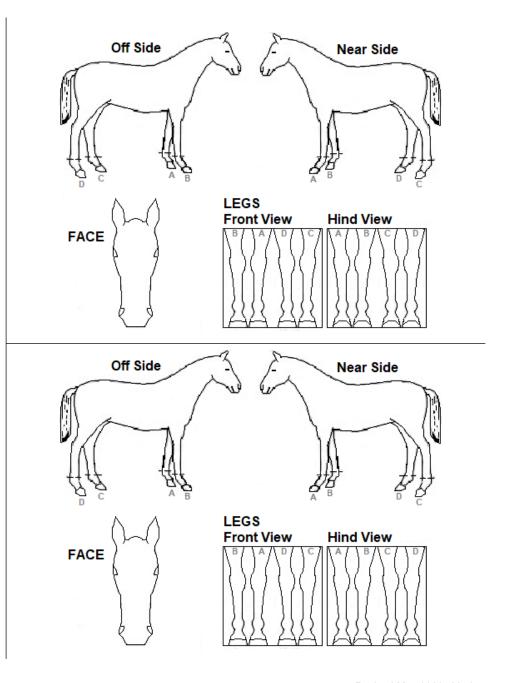
## **Australian Carriage Driving Society**

ABN 28 794 114 302 - Incorporation No: AO1028

## **Horse Registration Application**

Send this Form to the <u>HORSE REGISTRAR</u> with a <u>\$20.00</u> (GST Inclusive) Payment. On payment of this fee, this Horse Registration Application Form becomes a Tax Invoice. Cheque made out to ACDS. Direct Deposit: BSB 633000 A/C 150659837

Proof of p	<u> Dayment via Direct i</u>	<u>Deposit must be provided with this form</u>				
HORSE DETAILS Full Name/						
Registered Stud N	Name:					
Breed:		Continue Continue Continue				
Colour:	DOB:	Height:				
Microchip Numbe	r:					
OWNER / DRIVER	LESSEE DETA	<u>ILS</u>				
(The Registered Own	er/Driver/Lessee	of the Horse must be an ACDS Member)				
Name:						
A ddraeau						
Address:						
	Postcode:					
ACDS M'ship No:	A	CDS Club:				
Phone:	Email:	i				
Cian	<b>ature</b> (F. 0)	itted) Date				
Sign	nature (E-Signature permi	tted) Date				
must be shown in blac horses – white markin without underlying pinl BO	<ul><li>k. Positions of bra gs with underlying</li><li>k skin may also be</li><li>TH SETS OF DIAC</li></ul>	GRAMS MUST BE COMPLETED				
-		ling with the Registration Application Form				
Horse Registrar: Address:	Briony O'Bre	ee 6, ROMA QLD 4455				
Email:	acdsrego@g	·				



0417 976 946

## HORSE REGISTRATION TRANSFER or LOST CARD

<b>Application</b>	for: (Pla	ce a Cross in C	ne)			
Transfe	r Ownersh	ip of Horse/Pony				
Replace	ement of Lo	ost Card				
Horse Full	Name:					
Registratio	n Numbe	r of Horse (if kn	own):			
Member that the horse is currently registered to:						
Name:						
Address:						
				Postcode:		
Phone:		Email:				
TRANSFER TO (Must be a current ACDS member):						
Name:						
Address:						
				Postcode:		
Phone:		Email:				
ACDS M'sh	nip No: _					
Affiliated C	lub:					

FEE: \$10.00 (Cheque to the ACDS) Direct Deposit: BSB 633000 A/C 150659837

Post the completed form, together with the correct Fee to:

ACDS Horse Registrar

Briony O'Bree
PO Box 1336
ROMA QLD 4455
Proof of payment via Direct Deposit must be provided with this form

Phone: 0417 976 946 Email: acdsrego@gmail.com

COMPLETE ALL INFORMATION REQUIRED ON THIS FORM DIAGRAMS <u>MUST</u> BE COMPLETED

