

## S.C.A. CAMPDRAFT NOMINATION FORM – 2017/2018 SEASON

Name/s: \_\_\_\_\_ Contact Phone/Mob: \_\_\_\_\_.

Address: \_\_\_\_\_ Town: \_\_\_\_\_ PC \_\_\_\_\_.

PLEASE INCLUDE EMAIL IF APPLICABLE: \_\_\_\_\_ CAMPDRAFT: \_\_\_\_\_.

DETAILS			LIST DAY / EVENT				DAY EVENTS + FEE'S					
Name of Rider	SCA Current M/ship Number Please	Horse Name A.S.H. Reg. A.Q.H.A. Reg. If applicable										
<b>Number of Persons for Meal:</b>			<b>Total Amount Enclosed</b>						<b>\$</b>			