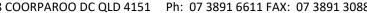


Equestrian Queensland

Upgrade of Base Horse Registration to Life PO Box 1358 COORPAROO DC QLD 4151 Ph: 07 3891 6611 FAX: 07 3891 3088





Applications can only be accepted from current EA Members.

EA REGISTRATION	NAME OF HORSE																											
PLEASE LIST THE NAMES AN	ID ADDRE	SSES O	F ALL I	NEW C	OWN	ERS																						
PRIMARY OWNER'S NAME											<u>EA</u>												MEMBER NO.					
PRIMARY OWNER'S POSTAL	ADDRESS	;				1	1	1							1		1	1		1				1				
SUBURB			1			<u> </u>					1					1		ı		_	P	OST	COD	E				
Phone:			Fn	nail:																								
OTHER OWNERS NAME (O	MEN	1BER,	/S) Se	e EA	Gene	eral F	Regula	ation	S		EA I	MEN	1BER	NO														
OTHER OWNERS NAME									1		1							_	E/	A ME	МВ	R N	Ο.					
IS THIS HORSE CURRENTLY VACCINATED FOR THE HENDRA VIRUS? YES / NO. IF YES, DATE LAST VACCINATED://																												
COLOUR:									SEX: ☐ Gelding ☐ Mare ☐ Stallion																			
BREED:	BREED: FOAL DAT									E: HEIGHT in Hands:																		
MARKINGS: (please describe in writing below)									SIRE:																			
HEAD									DAM:																			
NEAR FORE:									SIRE OF DAM:																			
OFF FORE:																												
NEAR HIND:										AND I	N/S:																	
OFF HIND:										BRAND O/S:																		
OTHER MARKINGS:											HIP N																	
The below Diagram must be completed accurately. Position of scars to be marked with an X. Whorls to be marked with an X Outline diagram																												
Right side Left Side Fore - Piear view Fore - Piear view Right Side Left Side Right																												
☐ Life Registration \$185.00 ☐ Dressage Bridle Numbers \$30.00 (mandatory for Competitive Dressage) ☐ Dressage/Pony licence ☐ Showjumping licence ☐ Show Horse licence ☐ Interschool licence ☐ Eventing licence																												
PAYMENT DETAILS Return EQ, PO Box 1358, Coorparoo DC, 4151 or Fax to 07 3891 3088 Email: admin@equestrianqld.com.au																												
Payment Details: {PLEASE NOTE: IF PAYING BY CARD AN ADDITIONAL 1.5 % BANK CHARGE WILL APPLY}																												
PLEASE FILL IN FOR PAYMENT BY CREDIT CARD																												
								Sigr	natur	re												_						
TYPE OF CARD	□VISA		□Mastercard □Banl						kcard \square Amex								EXPIRY DATE /											
NAME ON CARD:																												
CARD NUMBER:																												