Equestrian Australia

Change of Horse Name Application Form

EQUESTRIAN QUEENSLAND

EQUESTRIAN AUSTRALIA

This Form becomes a Tax Invoice on payment. Please copy for your records. (Branch ABN 79 598 577 242)

Applications can only be accepted from current EA Members.

REGISTRATION No	**NEW NAME OF HORSE** (OFFICE USE ONLY)

REGISTRATION No	**CURRENT NAME OF HORSE**

HORSE NAME - you **must** supply 5 names in preference order.

1st Preference

2nd Preference

3rd Preference

4th Preference

5th Preference

OWNER'S NAME

MEMBER NO.

POSTAL ADDRESS

SUBURB

POST CODE

Phone: _____ Email: _____

NAME CHANGE CONDITIONS

1. The ***ORIGINAL CERTIFICATE OF REGISTRATION MUST ACCOMPANY*** this application.
2. Horse name not to exceed 28 characters including spaces.
3. Horses cannot be registered as trade names i.e. Versace, Calvin Klein or Nescafe. This is an FEI rule. However, prefixes/additional wording put in front of a trade name is acceptable i.e. Richmond Hill Versace. Prefix initials i.e. CH are not permitted.
4. Punctuation is not to be used i.e. full stops, stars etc. For example, Mr Burns cannot be Mr. (full stop) Burns.
5. The word "The' cannot be put in front of a name that is already taken i.e. If Gladiator is already taken, you cannot have The Gladiator
6. Numbers, both standard and Roman, cannot be added to the end of a name if the primary name is already in use e.g. Gladiator (currently in use) cannot be Gladiator 2, Gladiator II. (See the EA General Regulations for exceptions)
7. Incomplete applications will be returned.

Signature of Registered Owner_____ Date: _____

☐ Change of Horse Name Fee $155.00 ☐ Dressage Bridle Numbers $30.00 **(mandatory for Competitive Dressage)**

☐ Dressage/Pony Licence ☐ Showjumping Licence ☐ Interschool Licence ☐ Show Horse Licence ☐ Eventing Licence

Total Payable: $_____

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

Signature_____

TYPE OF CARD	☐ VISA	☐ Mastercard	☐ Bankcard	**EXPIRY DATE**	/
NAME ON CARD:					
CARD NUMBER:					