S.C.A. CAMPDRAFT NOMINATION FORM - 2010 /2011 SEASON

Name /s:_____Phone:_____

Address:_____

NUMBER ATTENDING SATURDAY NIGHT MEAL:_____(If applicable). DATE:_____

PLEASE INCLUDE THE DETAILS OF EACH - **EVENT & ENTRY FEE'S BELOW:** **CAMPDRAFT NAME:_____**

DETAILS **FRIDAY / SATURDAY / SUNDAY EVENTS + FEES**

RIDER NAME	**SCA Current M/ship No**	**HORSE NAME** (Reg No if Applicable)	MAID $									**TOTAL**

_____ **TOTAL AMOUNT ENCLOSED $_____.**