

S.C.A. CAMPDRAFT NOMINATION FORM – 2021/2022 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	Horse Name & PIC A.S.H. Reg. A.Q.H.A. Reg. If applicable										
Number of Persons for Meal:			Total Amount Enclosed						\$			

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