

S.C.A. CAMPDRAFT NOMINATION FORM – 2011/2012 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 A.S.H. Reg. A.Q.H.A. Reg. If applicable										
Number of Persons for Meal:			Total Amount Enclosed \$									