Equestrian Australia
Change of Horse Name Application Form

EQUESTRIAN SOUTH AUSTRALIA

EQUESTRIAN AUSTRALIA

This Form becomes a Tax Invoice on payment. Please copy for your records. (Branch ABN 82 278 539 230)

Applications can only be accepted from current EA Members.

REGISTRATION No	**CURRENT NAME OF HORSE**

MEMBER'S NAME _____ MEMBER NO. _____

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.

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

1st Preference _____

2nd Preference _____

3rd Preference _____

4th Preference _____

5th Preference _____

Signature of Registered Owner_____ Date: _____

☐ **Change of Horse Name Fee $180.00** ☐ Competition License Card Fee $33.00

☐ Dressage Card ☐ Pony Dressage Card ☐ Show Jumping Card ☐ Eventing Card

Total Payable: $_____

PAYMENT DETAILS

Return Equestrian SA, Unit 10, 2 Cameron Road, MOUNT BARKER SA 5251 or Fax to 08 8391 5799

Please make cheque/money order payable to "Equestrian SA"

{PLEASE NOTE: IF PAYING BY CREDIT CARD AN ADDITIONAL 1.8% SURCHARGE WILL APPLY}

PLEASE FILL IN FOR PAYMENT BY CREDIT CARD

Signature_____

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