

The Australian Stock Horse Society Limited **State Maiden Series Funding Request**

APPLICATION DETAILS	
State Management Council requesting funds	
Branch conducting event if applicable	
Contact Name	Phone Number
Facsimile	Email
Series Number	Date of Event
Location of Event	
Other event to be conducted if applicable	
Date Event Notification Form was submitted	Number of competitors (list to be attached)
Bank Name:	BSB: Account Number:
DECLARATION	
This form has been completed by	on behalf of the committee of the
This form has been completed by	, an affiliate of The Australian Stock Horse Society
I agree that the information provided is a true and correct record.	,
Signed	Date
RETURN DETAILS	
Submission Process:	
Applications are to be submitted to General Manager via mail, facsimi	le or in person.
OFFICE USE ONLY	
Amount approved:	Branch Advised:
Approved:	GL Code: