

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

| APPLICATION DETAILS | |
|--|--|
| State Management Council requesting funds | |
| Branch conducting event, if applicable | |
| Contact Name | Phone Number |
| Facsimile | Email |
| Event at which the Series is to be run / awards are to be made: | |
| | |
| Location of event/s | |
| Date of event/s | |
| Brief Description of event: | |
| | |
| Date Event Notification submitted, if applicable | |
| | |
| | |
| DECLARATION | |
| This form has been completed by | on behalf of the committee of the |
| | on behalf of the committee of the , an affiliate of The Australian Stock Horse Society |
| | |
| This form has been completed by I agree that the information provided is a true and correct record. | , an affiliate of The Australian Stock Horse Society |
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