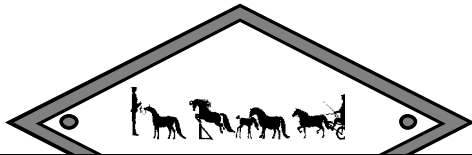


# New Zealand Miniature Horse Association Inc.

Please return form to  
NZMHA Measuring Co-ordinator



*Affiliated to the Royal Agricultural Society of NZ Inc*

## APPLICATION FOR MEASURING DAY

Name of Affiliated Club/Regional Delegate: \_\_\_\_\_

Contact person: \_\_\_\_\_ Region: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### DETAILS OF MEASURING DAY:

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ : am/pm Venue: \_\_\_\_\_

### MEASURERS: Please refer to NZMHA Measurers List:

Measurer: \_\_\_\_\_

Measurer: \_\_\_\_\_

Measurer: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

**DECLARATION:** - I hereby certify that all information supplied is true and correct to the best of my knowledge and that I will ensure that the measuring return and payment is returned to NZMHA within seven days of the measuring taking place.

Signature: \_\_\_\_\_ Date: / /

Position: \_\_\_\_\_

### Checklist

All details completed

Form Signed

9/2011

