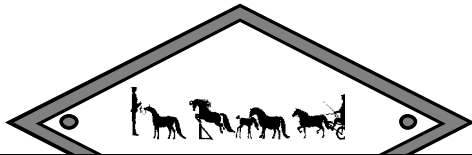


New Zealand Miniature Horse Association Inc.

Please return form to
NZMHA Measuring Co-ordinator



Affiliated to the Royal Agricultural Society of NZ Inc

TAX INVOICE
(when paid – retain copy for your records)
GST # 81-700-036

MEASURING RETURN – AFFILIATED CLUBS

Name of Affiliated Club: _____

Contact person: _____ Region: _____

Phone: _____ Email: _____

DETAILS OF MEASURING DAY:

Date: ___/___/___ Time: _____ : am/pm Venue: _____

MEASURING FEES COLLECTED:

\$ Number of horses measured at \$5.00 = _____

\$ Number of horses measured at \$10.00 = _____

\$ TOTAL FEES COLLECTED _____

50% to
NZMHA \$ _____ club cheque attached

Total number of height cards issued _____

Total number of voided cards _____

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

