

# New Zealand Miniature Horse Association Inc



Affiliated to the Royal Agricultural Society of NZ Inc

Please return form to  
NZMHA Measuring Coordinator

Phone: 06 844 7707

**TAX INVOICE**

(when paid - retain copy for your records)

**GST # 81-700-036**

## MEASURING RETURN – AFFILIATED CLUBS

Name of Affiliated Club: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

### DETAILS OF MEASURING DAY:

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

### MEASURING FEES COLLECTED:

\$ \_\_\_\_\_ Number of horses measured @ \$5.00 = \_\_\_\_\_

\$ \_\_\_\_\_ Number of horses measured @ \$20.00 = \_\_\_\_\_

\$ \_\_\_\_\_ TOTAL FEES COLLECTED \_\_\_\_\_

\$1 per horses to NZMHA \$ \_\_\_\_\_ club cheque attached

# \_\_\_\_\_ Total number of height cards issued \_\_\_\_\_

# \_\_\_\_\_ Total number of voided cards \_\_\_\_\_

# \_\_\_\_\_ Total number of replaced (lost) cards a \$20.00 \_\_\_\_\_

**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

08/2014

