

APPLICATION FOR FEED DELIVERY ASSISTANCE

Harness Racing NSW as of September 1 is assisting NSW stakeholders to provide feed for their Standardbred horses located in NSW.

HRNSW will assist with the cost of delivery associated with feed products. The delivery costs will be paid by HRNSW upon presentation of verified delivery details and invoice. Payments will be transferred fortnightly in line with the stakes payments.

HRNSW requires this application form to be completed accurately and returned to HRNSW with copies of an invoice detailing the delivery expense.

If you would like to apply for HRNSW to reimburse costs associated with delivery of feed products please complete the following details and return to: assistance@hrnsw.com.au

Surname:		Given Names:			
Address:					Postcode:
Mobile:		Home/Work Phone:		Other Contact:	
Email:					
Licence/Client Number:					

Amount of feed ordered/received:

Type	Qty	KG/Tonne/Bale	Type	Qty	KG/Tonne/Bale

Number of Registered Standardbred Horses: (Horse details to be filled on page 2)

Racing	<input type="text"/>	Stallion/s	<input type="text"/>	Yearling/s	<input type="text"/>
Broodmare/s	<input type="text"/>	Broodmare/s in Foal	<input type="text"/>	Broodmare/s with Foal	<input type="text"/>

* An estimate of the period of time over which the feed will be used _____ weeks/months.

* If the application is for horses in the care of others full details (% share of feed, the transport costs, number & names of horses) are to be provided with this application. See page 3.

Payment Details:

Account Name:	
Account Number:	BSB:
Delivery Cost:	Total Amount Claimed:

* I acknowledge that I am fully liable for the cost of feed products;

* I declare that the particulars contained in this application are true and correct;

* I declare that I have not received other drought assistance (Government or Private) in relation to the feed transport costs associated with this application.

* I declare that I understand that it is a serious offence under the Rules of Harness Racing to make a false declaration and/or provide false or misleading information to Harness Racing NSW.

Signature: _____

Date: _____

* HRNSW will periodically review the Feed Delivery Assistance to stakeholders for continuance purposes.



PO Box 1034
 BANKSTOWN NSW 1885
 T 02 9722 6600
 F 02 8580 5794
 assistance@hrmsw.com.au

Details of Standardbred:

Name or Breeding:	Racing		Stallion		Yearling
	Broodmare		Broodmare in Foal		Broodmare w/- Foal
Name or Breeding:	Racing		Stallion		Yearling
	Broodmare		Broodmare in Foal		Broodmare w/- Foal
Name or Breeding:	Racing		Stallion		Yearling
	Broodmare		Broodmare in Foal		Broodmare w/- Foal
Name or Breeding:	Racing		Stallion		Yearling
	Broodmare		Broodmare in Foal		Broodmare w/- Foal
Name or Breeding:	Racing		Stallion		Yearling
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	Broodmare		Broodmare in Foal		Broodmare w/- Foal
Name or Breeding:	Racing		Stallion		Yearling
	Broodmare		Broodmare in Foal		Broodmare w/- Foal
Name or Breeding:	Racing		Stallion		Yearling
	Broodmare		Broodmare in Foal		Broodmare w/- Foal

Multiple Application Declaration: (To be completed by all recipient stakeholders)

Surname:		Given Names:	
Address:			Postcode:
Mobile:	Home/Work Phone:	Other Contact:	
Email:			
Licence/Client Number:			
Primary Applicant:			

Amount of feed received:

Type	Qty	KG/Tonne/Bale	Type	Qty	KG/Tonne/Bale

Number of Registered Standardbred Horses:

Racing	<input type="text"/>	Stallion/s	<input type="text"/>	Yearling/s	<input type="text"/>
Broodmare/s	<input type="text"/>	Broodmare/s in Foal	<input type="text"/>	Broodmare/s with Foal	<input type="text"/>

- * An estimate of the period of time over which the feed will be used _____ weeks/months.
- * I acknowledge that I am fully liable for the cost of feed products;
- * I declare that the particulars contained in this application are true and correct;
- * I declare that I have not received other drought assistance (Government or Private) in relation to the feed transport costs associated with this application.
- * I declare that I understand that it is a serious offence under the Rules of Harness Racing to make a false declaration and/or provide false or misleading information to Harness Racing NSW.

Signature: _____ Date: _____

- * HRNSW will periodically review the Feed Delivery Assistance to stakeholders for continuance purposes.

Name or Breeding:	Racing	<input type="checkbox"/>	Stallion	<input type="checkbox"/>	Yearling	<input type="checkbox"/>
	Broodmare	<input type="checkbox"/>	Broodmare in Foal	<input type="checkbox"/>	Broodmare w/- Foal	<input type="checkbox"/>

Name or Breeding:	Racing	<input type="checkbox"/>	Stallion	<input type="checkbox"/>	Yearling	<input type="checkbox"/>
	Broodmare	<input type="checkbox"/>	Broodmare in Foal	<input type="checkbox"/>	Broodmare w/- Foal	<input type="checkbox"/>

Name or Breeding:	Racing	<input type="checkbox"/>	Stallion	<input type="checkbox"/>	Yearling	<input type="checkbox"/>
	Broodmare	<input type="checkbox"/>	Broodmare in Foal	<input type="checkbox"/>	Broodmare w/- Foal	<input type="checkbox"/>

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