

PONY CLUB ASSOCIATION OF SOUTH AUSTRALIA INC.

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AFFILIATION FORM

NAME OF CLUB/ORGANISATION:

ADDRESS:

.....POST CODE:.....DATE:

PRESIDENT/CONVENOR NAME:

EVENT SECRETARY NAME:

ADDRESS :.....P/CODE

PHONE NO:.....FAX NO:.....

VENUE OF EVENT:.....

DATE OF EVENT:

TYPE OF EVENT: (please circle)

HORSE TRIALS/ODE

GYMKHANA

SHOWJUMPING

DRESSAGE

HACKING SHOW

CAMPDRAFTING

OPEN SHOW (\$100)

OTHER (please specify) :.....

NAME OF EVENT:

CLASSES TO BE RIJN:.....

Draft schedule **must** be attached before approval given

PRIZES TO BE GIVEN:.....

AMBULANCE TO BE IN ATTENDANCE: YES

NO

StJOHNS VOLUNTEERS TO BE IN ATTENDANCE:

YES

NO

AFFILIATION COSTS:

FEE TO ACCOMPANY THIS FORM

REGISTERED PONY CLUB

NO CHARGE

NON REGISTERED ORGANISATION

\$22.00 (Includes GST)

PONY CLUB STEWARD REQUIRED:

YES

NO

OFFICE USE ONLY

PONY CLUB STEWARD APPOINTED

YES

NO

STEWARD NAME:DATE APPOINTED:

CONTACTED:DATE:

ODE PACK available on web page: DATE: