



President:  
Mr. Greg Bailey

# PONY CLUB ASSOCIATION OF SOUTH AUSTRALIA INC.

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## APPLICATION FOR DISPENSATION FOR NON-QUALIFIED COMBINATIONS TO COMPETE AT STATE ODE CHAMPIONSHIPS

Name of Rider	
Date of Birth	
Postal Address	
Club	
Name of Horse	

Current grade on Card	
Grade wishing to compete at State Championships	
Approx how long have you had this Horse ?	
What Grade did you ride at last year's State Championships?	
At last year's State Championships, did you ride this horse?	YES NO
Will you have four attendance qualifications on this horse?	YES NO

On the next page, list the events and classes (including non-pony club) you have completed as a combination in the last 12 months.

Attach a photocopy of your attendance card (both sides)

Reason for applying for dispensation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Rider (Or Parent if under 18)

\_\_\_\_\_  
Name and Signature of Club Chief Instructor (to indicate support of this application)

**APPLICATION FOR DISPENSATION FOR NON-QUALIFIED  
COMBINATIONS TO COMPETE AT STATE ODE CHAMPIONSHIPS**

Date	Venue	Class	Place	Comment

**OFFICE USE ONLY**

Date Application Received: \_\_\_ / \_\_\_ / \_\_\_

Date Application Assessed: \_\_\_ / \_\_\_ / \_\_\_      Approved / Rejected

Reason for Rejection: \_\_\_\_\_

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