PONY CLUB
SOUTH AUSTRALIA

DAY PARTCIPATION REMITTANCE FORM

This form is to be completed and returned together with payment upon completion of the event.

Pony Club name: _____

Date of event: _____

We attach a cheque for:

Being for ___ Participants

@ $5.00 per participant per day = $ _____

Names and Addresses of Day Participation:

First Name	Surname	Address	Other insurance

Signature: .....

Position: .....

Date: .....

Return T**o:** PCASA State Office within 7 days of event.