



President:  
Mr. Greg Bailey

# PONY CLUB ASSOCIATION OF SOUTH AUSTRALIA INC.

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## **APPLICATION FOR THE USE OF THE PCASA MOUNTED GAMES TRAILER**

*Please fill in the following details which are a requirement of the State Association before the use of the Mounted Games trailer will be authorized.*

Name: (Club/Zone) \_\_\_\_\_

Date Required: \_\_\_\_\_

Venue of Event: \_\_\_\_\_

Details of Use Event/Clinic/Training etc: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
*(This person is to be responsible for the trailer and equipment)*

Address or Email address for Invoice: \_\_\_\_\_

### **If Mounted Games trailer is to be towed other than by the PCASA Mounted Games Coach, please enter details below:**

Name: \_\_\_\_\_ (Club/Zone) \_\_\_\_\_

Make of Towing Vehicle: \_\_\_\_\_ Registration Number: \_\_\_\_\_  
*(A donation for the use of the trailer and equipment is \$150, and must be paid on receipt of Invoice)*

I, \_\_\_\_\_ agree that the above details are correct.  
*(Full Name)*

Signed \_\_\_\_\_ Date \_\_\_\_\_

#### **State Office Use only:**

Date application Received: \_\_\_\_\_

Invoice Sent – date: \_\_\_\_\_ Sent via: \_\_\_\_\_ Mail / Email

Donation Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

