



Pony Club Association of South Australia Inc.

President: Mr. Greg Bailey



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PATRON: Caroline Schaefer

GEAR CHECKING CERTIFICATE TRAINING RECORD

Name _____

Club: _____

Name of mentor: _____

Candidates must have completed 2 hours of Gear checking over min 3 activities.

Date:	Venue:	Signature:

*Candidate must have attended a PCASA approved Safety and Comfort of the Horse and Rider Clinic”
Presenter to complete and sign off:*

Date:	Venue:	Signature:

Candidate to complete practical Assessment this to be signed by Assessor:

Date:	Name:	Signature:

Candidates mark for written paper

Date:	Mark:	Signature

