PONY CLUB ASSOCIATION OF SOUTH AUSTRALIA INC

Unit 3, 23A King William Rd, UNLEY, SA 5061

Phone 08 7001 6749 Email ponyclubsa@gmail.com

PCASA Event Form

This forr	n is to be sent to PCASA fo	or all even	ts to be pro	omoted on the PC	ASA website
Name of Club					
Address					
Date of Event	Name	of Event			
Event Secretary			Contact Number		
Postal Address				<u>.</u>	
Email Address					
Venue of Event					
Type of Event (please circle)	Dressage Had		khana iing Show n Show	Show Jumping Campdrafting Training Day/Clinic	
	Other (please specify)				
Classes to be run					
Prizes to be given (if any)					
Please note before your program/schedule/entry forms can be published on any media platform, they					
must be forwarded to pcasa.programs@gmail.com for proof reading.					
Ambulance to be in attendance			YES	□no	
St Johns Volunteers to be in attendance			YES	□NO	
Pony Club Technical Delegate required			YES	□NO	
Have you had your dates approved at a Zone Level			YES	□no	
OFFICE HEE ONLY					
OFFICE USE ONLY					
Pony Club T.D. Appointed				∠ YES	□NO
T.D Name Date appointed//					
Club advised of T.D. & where to find ODE Pack				YES	□NO
Event placed on PCASA website				YES	□NO