



PONY CLUB ASSOCIATION OF SOUTH AUSTRALIA INC.



President:
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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 application)

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: _____

