

**PONY CLUB ASSOCIATION OF
SOUTH AUSTRALIA INC**

132 Rose Terrace, WAYVILLE SA 5034

Phone 08 7225 1805 Email ponyclubsa@gmail.com

PCASA Event Form

This form is to be sent to PCASA for all events to be promoted on the PCASA website

Name of Club			
Address			
Date of Event		Name of Event	
Event Secretary			Contact Number
Postal Address			
Email Address			
Venue of Event			
Type of Event (please circle)	Horse Trials/ODE Dressage Archery Other (please specify)	Gymkhana Hacking Show Open Show	Show Jumping Campdrafting Training Day/Clinic
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	<input type="checkbox"/> YES	<input type="checkbox"/> NO
St Johns Volunteers to be in attendance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Pony Club Technical Delegate required	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had your dates approved at a Zone Level	<input type="checkbox"/> YES	<input type="checkbox"/> NO

OFFICE USE ONLY

Pony Club T.D. Appointed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
T.D Name	Date appointed ___ / ___ / ___	
Club advised of T.D. & where to find ODE Pack	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Event placed on PCASA website	<input type="checkbox"/> YES	<input type="checkbox"/> NO