

# PCASA STATE TRAINING SQUAD APPLICATION FORM

Each rider **must** submit an application form before attending Squad functions.

Name of Rider: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Horse: \_\_\_\_\_

PC Card #: \_\_\_\_\_ PIC #: \_\_\_\_\_

Pony Club: \_\_\_\_\_ Rider Date of Birth: \_\_\_\_\_

## Discipline you wish to nominate for – you may choose more than 1:

Dressage YES / NO Level \_\_\_\_\_

Show Jumping YES / NO Level \_\_\_\_\_

Eventing/Combined Training YES / NO Level \_\_\_\_\_

Tetrathlon YES/NO

Mounted Games YES / NO

Quiz YES / NO (There will also be a selection process)

**Riders will ONLY be added to STATE training Squad on the recommendation of the respective coaches.**

All Riders **MUST** hold their “C” Certificate (Sub Juniors **MUST** have “D\*” certificate) prior to Jan 1<sup>st</sup> 2026 before they can be selected in a State Team to represent PCASA in a National competition. Riders do not have to hold a “C” Certificate to participate in training but must complete before Jan 1st to be considered for National Selection.

I \_\_\_\_\_ do /do not hold my D\*/C Certificate

Signature of rider: \_\_\_\_\_ (or Parent/Guardian if under 18 years)

This form **MUST** be signed by the Club Secretary to indicate financial stats, and that the Club is aware that the rider is joining the Zone Training Squad.

Club Secretary: \_\_\_\_\_ Signature: \_\_\_\_\_

Zone Secretary: \_\_\_\_\_ Signature: \_\_\_\_\_

**If the Candidate meets State criteria this form will be forwarded to the Chair of PCASA Nationals Sub-committee & State Squad Training Coordinator for inclusion in the State Squad.**