



Pony Club Association South Australia

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President: Ann Olsen

Patron: Clare Lindop – Racing SA

CLUB/ZONE APPLICATION FORM FOR COACHING CLINICS/UPDATES/TRAINING

CLUB/ZONE NAME _____

VENUE _____

DATE/S _____

Please tick one- COACHES/INSTRUCTOR CLINICS _____

COACH/INSTRUCTOR UPDATE _____

RIDER TRAINING _____

GEAR CHECKING _____

OTHER _____

CO-ORDINATOR _____

EXAMINER _____

COACH/INSTRUCTOR/PRESENTER _____

ATTENDEES (numbers) _____

Signed by PRESIDENT OF THE ZONE _____ Date _____

CHIEF INSTRUCTOR OF THE ZONE _____ Date _____

RATIFIED BY THE ZONE ON _____

RATIFIED BY CIP ON _____

PRESENTED TO EXECUTIVE ON _____



RACING
SA

