



President: Ann Olsen

Pony Club Association of South Australia Inc.

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Patron
Clare Lindop – Racing SA

SHOWJUMPING COURSEBUILDING CERTIFICATE APPLICATION TO BEGIN TRAINING

Surname:	
Given Names:	
Date of Birth:	
Postal Address:	
Telephone number:	
Fax number:	
Email:	
Pony Club:	

Building Clinic

Date:	
Venue:	
Presenter:	

Mentor Builder who has accepted you for training

Name:	
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I certify the above information is correct: (Applicant's signature)Date:
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Government of South Australia
Office for Recreation and Sport