



Government of South Australia

# PONY CLUB ASSOCIATION OF SOUTH AUSTRALIA INC.

73 Wakefield St, ADELAIDE, SA 5000,  
phone: (08) 8232 5922, fax: (08) 8232 1729,  
e-mail: pcasa@chariot.net.au, web: www.ponyclub.asn.au



## PRELIMINARY COACHING APPLICATION TO PARTICIPATE

### TO BE COMPLETED BY THE APPLICANT

Surname:	
Given names:	
Date of Birth:	
Address:	
Email	
Telephone number(s):	
Fax number:	
Pony Club:	
Signature of Applicant:	

### TO BE COMPLETED BY THE CLUB

(Nomination must be signed by either President, Secretary or Chief Instructor)	Signature:
	Name:
	Position:

### APPLICANT ELIGIBILITY:

Applicants must

1. be aged 16 years and over to begin training 18 years and over to sit assessment.
2. be a financial member of a Pony Club affiliated with the Australian Pony Club Council.
3. purchase any required reference materials.
4. pay the Course fees as required.

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