

PONY CLUB ASSOCIATION OF SOUTH AUSTRALIA INC.

PRE-REGISTRATION FORM FOR HIGHER LEVEL ABOVE
C - CERTIFICATES

NAME:	
ADDRESS:	
TELEPHONE:	
Date	
Email	
DATE OF BIRTH:	
CLUB:	
ZONE:	
NAME OF ZONE CERTIFICATE COORDINATOR:	

Please tick the certificate you are working towards:

<input type="checkbox"/>	“K” Certificate
<input type="checkbox"/>	“C Star” Certificate
<input type="checkbox"/>	“B” Certificate Horse Care
<input type="checkbox"/>	“B” Certificate Riding
<input type="checkbox"/>	“H” Certificate
<input type="checkbox"/>	“A” Certificate