



Pony Club Association South Australia  
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## NOVICE SHOWJUMPING COURSEBUILDING CERTIFICATE APPLICATION TO BEGIN TRAINING

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

### *Basic 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)

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Date: .....  
 20.....

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