



Pony Club Association South Australia
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PLEASE EMAL THIS TO ann.olsen@bigpond.com

OR FAX TO 86802476

“C” CERTIFICATE NOTIFICATION OF TESTING

1/1/13

Date of Notification:	
Name of zone Coordinator	
Telephone number of zone Coordinator	
Name of appointed Examiner	
Telephone number of Examiner	
Postal Address of examiner	
Date of Examination	
Venue of Examination (including address)	
Start time of Examination	
Name of club secretary	
Telephone number of club secretary	
Independent steward	
Telephone number of Independent steward	

Which Test Tick one

Original(first) test	
Supplementary test	

DETAILS OF CANDIDATES

<i>Name</i>	<i>Club</i>	<i>J/N</i>

J = Jumping, N = Non-jumping

Please ensure that:

- 1. All written papers are completed and returned to the office in the envelope provided within 14 days.*
- 2. you have read the rulebook section which details the requirements of the testing day.*

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