



Pony Club Association of South Australia Inc.

President: Mr. Greg Bailey



132 Rose Terrace
WAYVILLE SA 5034
PHONE: 08-72251805
FAX: 08-72251648
EMAIL: ponyclubsa@gmail.com
WEB: www.ponyclubasn.au
ABN:15 288 078 234
PATRON: Caroline Schaefer

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: 20.....



Government of South Australia
Office for Recreation and Sport