



The Pony Club Association of N.S.W.

Office 7, 25 Victoria Street Wollongong NSW 2500

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Correspondence to: PO Box 2085 Wollongong NSW 2500 Australia

ZONE: _____

BACK NUMBER (TO BE COMPLETED BY OFFICE): _____

HORSE IDENTIFICATION (Required for all State and National Championships)

Horse Identification forms must be forwarded to the PCA office with State Championship entries. Failure to produce a Horse ID form may jeopardise entry.

RIDERS NAME: _____

ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

ZONE: _____ CLUB: _____

HORSE'S FULL NAME: _____

DATE OF HENDRA VACCINATION: _____ COPY OF CERTIFICATE TO BE ENCLOSED

MICROCHIP NUMBER: _____

PROPERTY IDENTIFICATION CODE (PIC): _____

OWNERS NAME: _____ LEASED: YES/NO

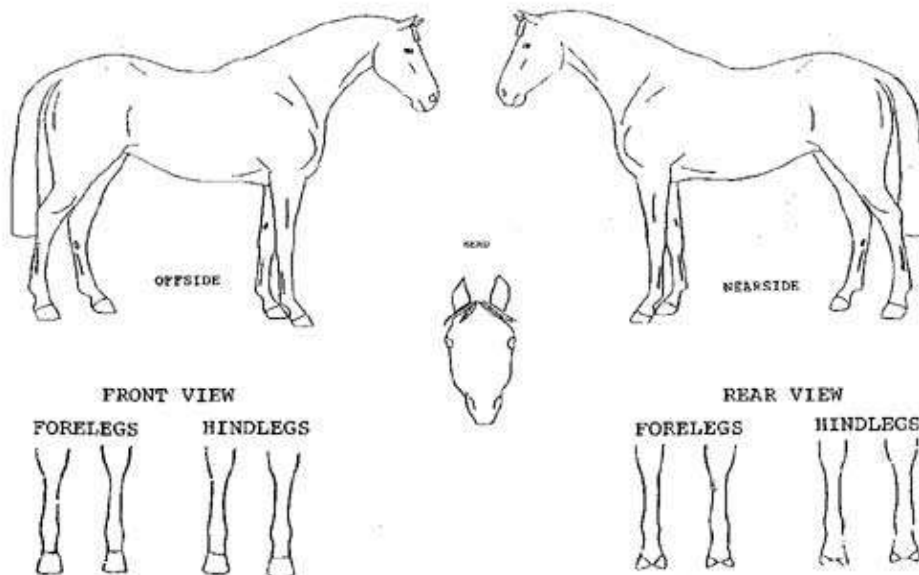
If not owned by rider please provide a copy of the lease agreement

COLOUR: _____ HEIGHT: _____

SEX: _____ AGE: _____ BREED: _____

MARKINGS: _____

BRANDS: _____



I verify that horse height recorded above to be a true and accurate measurement.

Signed: _____ (Club Senior Instructor) Date: _____

I certify this to be the horse entered by the above riding member for the _____

(Championship/event), to be held at _____
_____ on _____.

Signed: _____ (Zone Chief Instructor) Date: _____

Signed: _____ (rider if 18 years or over) Date: _____

Signed: _____ (parent/guardian if rider under 18) Date: _____