

ZONE 16 PONY CLUB CAMP 2010

Camp Commandant – Mr Mark Thorek
Ph: 6238 0529

Camp Secretary – Toni Cuthbertson
Ph: 6238 3548 a.h
Fax: 6238 3548
PO Box 6120
Queanbeyan NSW 2620

FAMILY DETAILS						
Family Name of rider/s						
Parents Name (full name)						
Family Address		Street				
		Suburb		State	Postcode	
Emergency Contacts		Mother	Work	Home	Mobile	
		Father	Work	Home	Mobile	
Riders Club						
RIDER DETAILS						
Family Members Surname		First Name	Age at Camp (state if will be on the lead)	M / F	Experience e.g. Beg/Int/Exp	Certificates held (E,D,D*,C,C*,K)
Rider 1						
Rider 2						
Rider 3						
Rider 4						
HORSE DETAILS						
Rider	Horses Name		S/jump grade	c/country grade	Horse Experience (Green, Calm, Experienced)	
Rider 1						
Rider 2						
Rider 3						
Rider 4						
OTHER DETAILS						
	Dormitory	Camping	Allergies/medical conditions (if yes, provide details below)		Vegetarian	
Rider 1	Yes / No	Yes / No	Yes / No		Yes / No	
Rider 2	Yes / No	Yes / No	Yes / No		Yes / No	
Rider 3	Yes / No	Yes / No	Yes / No		Yes / No	
Rider 4	Yes / No	Yes / No	Yes / No		Yes / No	
Camp Site Required			Yes / No			
Number of other siblings/parents attending camp			Parents		Siblings	
Any other relevant information						