

POLOCROSSE CHAMPIONSHIP NOMINATION FORM
BUNGENDORE 2009
(PLEASE COMPLETE ONE FOR EACH RIDER)

RIDER'S PERSONAL PARTICULARS

NAME IN FULL:

ADDRESS (INCLUDING POSTCODE):

PHONE:

MOBILE:

FAX:

EMAIL:

DATE OF BIRTH

AGE GROUP:

CLUB:

ZONE:

TEAM NAME:

RIDER'S HORSE PARTICULARS

REGISTERED NAME or PETNAME (if not registered)

MICROCHIP NO (if available):

AGE:

HEIGHT:

SEX Mare or Gelding (circle)

COLOUR:

BREED:

ADDRESS WHERE HORSE IS KEPT or PIC no:

ADDRESS OF HORSE OWNER:

TELEPHONE NUMBER OF HORSE OWNER:

DECLARATIONS

I HAVE READ THE RULES AND REGULATIONS OF THE ABOVE CHAMPIONSHIP AND ON BEHALF OF MYSELF/ MY SON/DAUGHTER (cross out which is not applicable) AGREE TO ABIDE BY THEM AND I CONFIRM THAT THE NOMINATED MOUNT IS OWNED/LEASED (cross out which is not applicable) BY THE ABOVE RIDER WHO IS A MEMBER OF THE ABOVE PONY CLUB:

NOTE: I understand that the competitor must attend the presentation parade on the final day unless they have been given permission, by Zone 16, to leave early.

SIGNED:

PARENT/GUARDIAN (IF RIDER UNDER 18 YEARS OF AGE)

SIGNED:

RIDER 18 YEARS & OVER

I HEREBY VERIFY THAT THE ABOVE RIDER IS A FINANCIAL MEMBER OF THE ABOVE PONY CLUB AND HAS ATTENDED AT LEAST THREE PONY CLUB INSTRUCTION DAYS IN THE PRECEDING 12 MONTHS.

SIGNED

CLUB SECRETARY

I HEREBY VERIFY THAT THE ABOVE RIDER IN MY OPINION IS OF A SUITABLE STANDARD TO COMPETE IN THE POLOCROSSES ABOVE CHAMPIONSHIPS.

SIGNED

CLUB SENIOR INSTRUCTOR

I HEREBY VERIFY THAT THE ABOVE RIDER IN MY OPINION IS OF A SUITABLE STANDARD TO COMPETE IN THE POLOCROSSE CHAMPIONSHIPS.

SIGNED

ZONE CHIEF INSTRUCTOR (OR DEPUTY)

POLOCROSSE CHAMPIONSHIP HORSE IDENTIFIATION FORM
BUNGENDORE 2009
(PLEASE COMPLETE ONE FOR EACH RIDER)

RIDERS NAME: _____

ADDRESS: _____

PHONE: _____ DATE OF BIRTH: _____

ZONE: _____ CLUB: _____

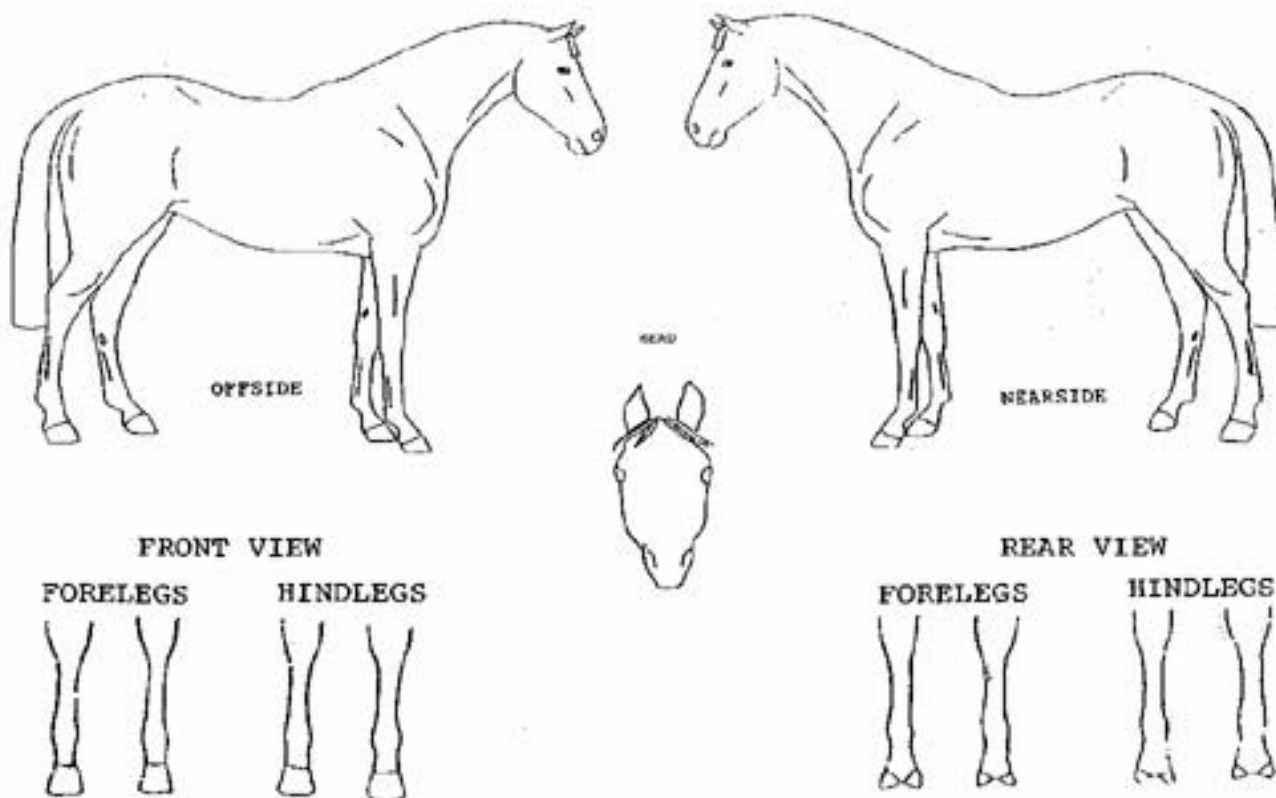
HORSE'S FULL NAME: _____

COLOUR: _____ HEIGHT: _____

SEX: _____ AGE: _____ BREED: _____

MARKINGS: _____

BRANDS: _____



I certify this to be the horse entered by the above riding member for the Polocrosse Championship to be held at Bungendore on 7th March 2009 and 8th March 2009

Signed: _____ (Zone Chief Instructor) Date: _____

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

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

POLOCROSSE CHAMPIONSHIP TEAM NOMINATION FORM
BUNGENDORE 2009
(PLEASE COMPLETE ONE FOR EACH TEAM)

A team is to provide to the Zone Chief Instructor:

1. Nomination Forms for each of the six riders in a team;
2. Horse Identification Forms for each of the six riders in a team;
3. A cheque for \$240 made payable to Zone 16 Pony Club; and
4. This Team Nomination Form.

The Zone Chief Instructor will make the final decision on entrants to take part in State Championships. Club Secretaries must allow sufficient time prior to the Closing date for Zone Authorities to review and forward entries to Zone 16.

Zone Authorities are to then send the above to Zone 16.

1. TEAM NAME:
2. Please circle only one of the following options:
 - (a) CLUB TEAM or ZONE TEAM or AREA TEAM
 - (b) 10 TO UNDER 13 AGE GROUP or 13 to UNDER 17 AGE GROUP or ASSOCIATE AGE GROUP
 - (c) ADVANCE COMPETITION or NOVICE COMPETITION or FEMALE ASSOCIATE COMPETITION
3. CLUB/ZONE/AREA:
4. TEAM MANAGER:
5. TEAM MANAGER'S ADDRESS, TELEPHONE NUMBER AND EMAIL:
6. TEAM HELPER::
7. TEAM HELPER'S ADDRESS, TELEPHONE NUMBER AND EMAIL:

NAME (PLEASE PRINT)	DATE OF BIRTH	ATTENDED 3 RALLY DAYS	HORSE NAME
1.			
2.			
3.			
4.			
5.			
6.			

AS ZONE CHIEF INSTRUCTOR I AM SATISFIED THAT EACH RIDER IS OF THE REQUIRED STANDARD TO COMPETE.

SIGNATURE (Zone Chief Instructor)

DATE: