



Form 10.5.1

PONY CLUB TASMANIA Inc.

RIDER NOMINATION FORM FOR NATIONAL OR STATE SELECTION

Reference should be made to section 5 of the Handbook for criteria and guidelines. Please type or print CLEARLY and attach additional sheets if necessary. To be sent directly to the State Coordinator by nominated closing date. **Please inform your DC of your nomination and ask him/her to forward a confidential report on form 10.5.4 directly to the State Coordinator**

NAME OF TEAM OR EVENT: _____

FULL NAME _____ Date of Birth ____/____/____

ADDRESS _____

Member No _____ Email _____ Phone No _____

CLUB – Present _____ Former if any _____ Date First Joined _____

HIGHEST CERTIFICATE HELD _____ NAME OF HORSE _____

(Test standards needed on selection day are B for Inter Pacific and C for National / State Mounted Games)

DATES OF WORKING RALLIES ATTENDED DURING LAST 2 YEARS

SUMMARY OF PERFORMANCES, EXPERIENCE AND HORSES RIDDEN IN THIS DISCIPLINE (attach additional sheets if required)

ANY OTHER RELEVANT INFORMATION YOU THINK SELECTORS WOULD LIKE TO KNOW ABOUT (if more space is needed, please include extra pages)

Please list the names and contact details of two character referees

REFEREE 1 _____ Ph. No _____ email _____

REFEREE 2 _____ Ph. No _____ email _____

NOMINEE'S SIGNATURE _____ Date ____/____/____

PARENT/GUARDIAN PERMISSION

I/We will allow the applicant to travel interstate /overseas, and to take part in all activities arranged for the Pony Club members participating in this team/exchange. I/We understand that we will have to fund the balance of expenses not covered by the Representative fund or any fund raising activities organised on his/her behalf.

SIGNATURE _____ Date ____/____/____

DISTRICT COMMISSIONER'S VERIFICATION – SIGNATURE _____ Date ____/____/____

PLEASE LIST ANY HEALTH PROBLEMS, REGULAR MEDICATION etc. on back to assist in care of rider.