



Registration for Schools, Refreshers/Clinics & Assessments

PO Box 293, Northgate Qld. 4013
Email: admin@ponyclubqld.com.au

Please complete and return this form to register schools and refreshers for the following:

ZONE: _____

| Course | Level | Proposed Venue | Proposed Date | Alternative Date |
|--|-------|----------------|---------------|------------------|
| Coach Refresher Clinic | | | | |
| Coach Assessment | | | | |
| Showjumping Judge School & Accreditation | | | | |
| Course Design School & Accreditation | | | | |
| Dressage Judges School & Accreditation | | | | |
| Jumping Equitation Judges School & Accreditation | | | | |

Signed: _____
Zone Secretary Name

Zone Secretary Signature

Telephone: () _____

Email: _____

PCQ Office Use Only:

Uploaded on PCQ Website

Initials: _____

Dated: ____/____/____