

Application to Register a Horse

HORSE:								
NAME:					EA No:			
BIRTH YEAR: AGE:			rs. BREED)	MARE/GELDING:			_
COLOUR:		BRAND: _				HEIGHT:	hl	า
MICROCHIP: _								
MARKINGS:								
RIDER:								
NAME:			MEMB.N	NO:	В	IRTH DATE	Ξ:	
ADDRESS:								
		TEL.NO/S: _						
CLUB:			ZONE:					
OWNERSHIP:	-							
OWNER'S NA	ME:							
PREVIOUS O	WNER:							
LEASED FRO	M:							
Please indica	te the car	d/s required an	d Combir	ned Train	ing Hei	ght:		
Show	vjumping				Combin	ned Trainin	g	
ODE	Dressage							
Has the horse p	reviously b	peen registered wit	th PCQ?	Yes	No	or EFA	Yes No	
If so, existing P	CQ card	numbers and/or	current EA	A grading.			<u> </u>	
Showjump Height	oing Points	ODE Grade	Points	Com Gra	oined Tr de	aining Points	Dressa Grade	ge Points
_								<u> </u>
Secretary's Add	ress:					_ Post cod	de:	
Signed:			_ (Club Se	ecretary)				
Signed:			_ (Applica	nt)				

Please complete all sections of this form and return to PCQ, PO Box 293, Northgate, 4013 accompanied by your cheque for \$6.00 per card or email to admin@ponyclubqld.com.au