



“Come and Try Day” Participant’s Registration Form

admin@ponyclubqld.com.au

This form must be completed and the fee paid prior to participation.

Activity Details:

Club: _____	Zone: _____
Date of Come & Try Participation : _____	Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No

Participants Details:

Name: _____	D.O.B. _____
Address: _____	Post Code: _____
Parent’s Name (if applicable): _____	
Contact Number: _____	Email: _____

Club to forward this form with payment to PCQ prior to or within five (5) working days of the Come and Try Day.

Payment Options:

Direct Deposit:

Pony Club Association of Queensland BSB: 064-186 Account No: 1064 0329

Cheque:

post to PO Box 293 Northgate 4013

PCQ Office Use Only:

Date Form Received: _____	
Date Payment Received: _____	Amount Received \$ _____