



# APPLICATION for PCAQ STATE CHIEF INSTRUCTOR MEDAL

|   |   |                                    |                                 |
|---|---|------------------------------------|---------------------------------|
| Name:   |   |                                    |                                 |
| Club:   |   |                                    |                                 |
| Address (postal)  | Number & Street:                                    |                                    |                                 |
|   | Suburb/City:  |                                    |                                 |
|   | Postcode:   |                                    |                                 |
| Date of Birth:  |   |                                    |                                 |
| Age at Application Date   |   |                                    |                                 |
| Contact   | Email   |                                    |                                 |
|   | Phone   |                                    |                                 |
|   | Mobile  |                                    |                                 |
| Applying for PCAQ State Chief Instructor Medal (mark with X)                            |   | <input type="checkbox"/> COPPER    | <input type="checkbox"/> SILVER |
|   |   | <input type="checkbox"/> BRONZE    | <input type="checkbox"/> GOLD   |
| Club Chief Instructor:  | Name  |                                    |                                 |
|   | Email   |                                    |                                 |
|   | Phone   |                                    |                                 |
| Journal (mark with X)   | <input type="checkbox"/> . Online (electronic copy) | <input type="checkbox"/> .Hardcopy |                                 |
| Previously awarded PCAQ State Chief Instructors Medal (mark with X)                     | <input type="checkbox"/> NIL                        |                                    |                                 |
|   | <input type="checkbox"/> COPPER                     | <input type="checkbox"/> SILVER    |                                 |
|   | <input type="checkbox"/> BRONZE                     | <input type="checkbox"/> GOLD      |                                 |
| Signed .....  |   | Signed .....                       |                                 |
| Nominee   |   | Parent/Guardian of Rider Under 18  |                                 |
| <b>CLUB SECRETARY</b>   |   |                                    |                                 |
| I affirm that _____ is a financial member, of _____ Pony Club approve this application. |   |                                    |                                 |
| Signed .....  |   |                                    |                                 |
| Club Secretary  |   |                                    |                                 |

Forward application to

PCQ Office: [admin@ponyclubqld.com.au](mailto:admin@ponyclubqld.com.au)

or post to

PO Box 293, Northgate Qld 4013

|                         |   |
|-------------------------|---|
| <b>PCQ OFFICE USE</b>   |   |
| Application Received:   |   |
| Application             | <input type="checkbox"/> Approved <input type="checkbox"/> Declined |
| Medal Leader Appointed: |   |