## 2025 ZONE OFFICE BEARERS RETURN

**Zone Secretary to complete in full and return**
(a) within 7 days of the Zone AGM, and (b) within 7 days of any interim change of Office bearers (resubmit in full)

**ZONE Number:** _____

**ZONE PRESIDENT** – (Cannot also hold the position of Treasurer)
NAME: ……………………………………………………………………………………………….

ADDRESS……………………………………………………………………………………………

EMAIL: …………………………………………………………..…Post code:……….…...

Telephone: ( ) ………………………………… 9am-5pm ( ) ………….…………….…………AH's

…………………….Fax ………………………….Mobile ……………………………………….Email

**ZONE TREASURER** – (Cannot also hold the position of President)

NAME: ……………………………………………………………………………………………….

ADDRESS..…………………………………………………………………………………………..

EMAIL: ……………………………………………….…………….… Post code..……………..

Telephone: ( ) ………………………………… 9am-5pm ( ) ……………………………….. AH's

……………………. Fax ……..……………….Mobile ……………………………………….Email

**ZONE SECRETARY**

NAME: …………………………………………………………………………………………….

ADDRESS..……………………………………………………………………………………………

Zone Email……………………………………………………….…..Post code:………….

Telephone: ( ) ………………………………… 9am-5pm ( ) ……………………….…………AH's

……………………. .Fax ………………………. Mobile …………………………………………Email

**ZONE CHIEF INSTRUCTOR**

NAME: …………………………………………………………………………………………….

ADDRESS: ..……………………………………………………………………………………..

EMAIL:……………………………………………………………….…..Post code:………….

Telephone: ( ) ………………………………… 9am-5pm ( ) ……………………….…………AH's

……………………. Fax ……………………….Mobile…………………………………….. Email

**PTO**

Postal Address
P.O. Box 293
Northgate Qld. 4013

Phone: (07) 3216 1255
Email. admin@ponyclubqld.com.au
www.ponyclubqld.com.au

PONY CLUB
QUEENSLAND

ABN: 49 040 247 044

## Zone Delegates to PCQ for 2025

**Each Zone may nominate two (2) Delegates. Please list your Delegates even if they remain unchanged.**
Zone delegates must be a financial member of a Pony Club in your Zone.

1. NAME: …………………………………………………………………………………………..

ADDRESS: ..…………………………………………………………………………………………

EMAIL: ……………………………………………………..……Post code:……….…..

Telephone: ( ) ………………………………… 9am-5pm ( ) …………….………………..……AH's

2. NAME: …………………………………………………………………………………………

ADDRESS.…………………………………………………………………………………………..
…

EMAIL: ………………………………………………………..……..Post code:…………..…

Telephone: ( ) ………………………………… 9am-5pm ( ) …………………………..……AH's

**Reserve Delegate**

1. NAME: ……………………………………………………..……………………………………

ADDRESS:..…………………………………………………………………………………………..

………………………………………………………………..…Post code:……………

Telephone: ( ) ………………………………… 9am-5pm ( ) …………….……………..……AH's

2. NAME: ……………………………………………………………………………………………..

ADDRESS …………………………..……………………………………………………………

……………………………………………………………………..…Post code:……………

Telephone: ( ) ………………………………… 9am-5pm ( ) …………….……………..……AH's

The information on this return accurately reflects the outcomes of the Zone AGM

Date of Zone Annual General Meeting: …………………………………………………

Date set down to review Zone Risk Management Policy: …………………………..

Date set down to review Zone Member Protection Policy: …………………………..

Signed …………………………………………………….. Date: ……………………
(Zone Secretary)

NOTE: FOR COMPLETION OF THIS FORM:
Please attach a copy of the Minutes of the AGM to this report and return the originally signed form to PCQ.