



# “Come and Try Day” Participant’s Registration Form

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

**This form must be completed and the fee of \$20 paid prior to participation.**

## Activity Details:

Club: _____	Zone: _____
Date of Come & Try Day: _____	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 of \$20 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: 084-034 Account No: 87-730-5062

### Cheque:

post to PO Box 293 Northgate 4013

## PCQ Office Use Only:

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