

## **APPLICATION FOR TOP UP COACHES INSURANCE**

For coaching financial Pony Club WA Riding Members outside of pony club authorised activities.

NAME:			
ADDRESS:			
EMAIL:			
PHONE:			
Pony Club WA	MEMBERSHIP NUMBER:		
Pony Club WA CLUB:			
	CREDITATION NUMBER:		
PC NCAS L1 AC	CREDITATION EXPIRY DATE:		
WWC NUMBER	<b>(:</b>		
<b>EXPIRY DATE:</b>			
<ul><li> This insurar</li></ul>	Club WA authorised activities nce is effective at the point you	I agree to the following t	ncial Pony Club WA Riding Members erms and conditions:  From Pony Club WA in the form of a
registration	card.		
<ul> <li>This insurance is only valid until Dec 31 and then you will need to reapply.</li> </ul>			
• This insurance is only valid if coaching the following Pony Club WA financial riding members:			
Ordinary Ric	•	ng Members, Adult Suppo	orter Mounted, Club Coach Mounted,
• This insurar	nce is not valid if coaching Da	y Members	
It is your responsibility to sight current Pony Club WA Membership Cards			
<ul> <li>This insurance is only valid if you keep a record of names and membership numbers of students you are coaching under this scheme.</li> </ul>			
•	curring whilst engaged in coa ort Form within 14 days of the	_	d and submitted to Pony Club WA on
• •	n plus registration and insuran onyclubwa.asn.au	ice fee of \$50 should be s	ent to:
Account Name:	Pony Club Western Australia		
BSB: 633-000		ber: 147 906 960	Reference: Name
	cation is received you will be a A Website. Certificates of Cur	_	nd your contact details displayed on n request.
Office Use Only	,		
Date Received		Date Paid	