Appendix 1:

ZONE SHOWJUMPING COMPETENCY FORM

R	Rider Name											
H	lorse Name											
C	Club											
Z	Cone											
C	Championship Year			2019								
on	se and rider combin y Club WA State Sho	owjump	ing Chai	mpionship	s Zone eve	nt.						
vitr om he	Showjumping Compnessed the round. On pleted the course we qualifying period for tyear.	Officials vith less	s sign th s than 20	e form to <i>O penaltie</i>	certify th	at the ho	orse a	nd ride	er co	ombina	tio	n has
	Club/Location								Da	te		/ /
	Class Name					Heigh	nt		Pe	nalties		
EWA or Pony Club WA accredited Judge who witnessed the round I certify that the horse and rider combination above has completed a round of jumping at the named. Name Signed								t the cor	тре 	etition		
	Club/Location							Date		/	/	
	Class Name					Height		I	Per	nalties		
	EWA or Pony Club WA accredited Judge who witnessed the round I certify that the horse and rider combination above has completed a round of jumping at the competition named.											
	Name					Sign	ed					
	Club/Location							Date		/		
	Class Name				Height	Height		Pen	alties			
	EWA or Pony Club WA accredited Judge who witnessed the round I certify that the horse and rider combination above has completed a round of jumping at the competition named.											
	Name					Signe	ed					
	Club/Location							Date		/		
	Class Name					Height			Pen	alties		

Completed Zone Showjumping Competency Form is to be sent to showjumping@ponyclubwa.asn.au with completed Zone Event Attendance/Declaration (Appendix 2)

competition named.

I certify that the horse and rider combination above has completed a round of jumping at the

Signed

EWA or Pony Club WA accredited Judge Coach who witnessed the round