

Application Form

Pony Club WA State Tetrathlon Squad

NAME									
EMAIL									
PHONE									
D.O.B	AGE AS OF 1/1/2020								
MEMBER	MEMBER OF PONY CLUB WA SINCE								
CURRENT	CURRENT CLUB								
DATE OF JOINING CLUB		NO. OF CLUB WORKING RALLIES ATTENDED IN THE PREVIOUS 18 MONTHS							
PREVIOUS CLUB/S									
CERTIFICA	TE HELD	E	П		אם	C	C*	/ĸ	R

CERTIFICATE HELD	E	D	D*	С	С*/К	В
DATE PASSED						

NAME OF HORSE		
HEIGHT	AGE	

	EVENT NAME	EVENT DATE	HEIGHT (CM)	Running Score	Swimming Score	Shooting Score
1						
2						
3						
4						
5						

	EVENT NAME	EVENT DATE	HEIGHT (CM)	JUMPING PENALTIES
1				
2				
3				
4				
5				



