



Registration for Schools, Refreshers/Clinics & Assessments

PO Box 293, Northgate Qld. 4013

Email: accounts@pcaq.asn.au

Please complete and return this form to register schools and refreshers for the following:

Submitted by Zone: _____

Refresher School For All Levels Of Instructors

Indicate which levels are required _____

Proposed venue: _____

Proposed dates: _____ Alternative: _____

Number expected to attend: _____

Showjumping Judges School & Accreditation

Indicate which levels are required _____

Proposed venue: _____

Proposed dates: _____ Alternative: _____

Number expected to attend: _____

Showjumping Coursebuilders School & Accreditation

Indicate which levels are required _____

Proposed venue: _____

Proposed dates: _____ Alternative: _____

Number expected to attend: _____

Dressage Judges School & Accreditation

Indicate which levels are required _____

Proposed venue: _____

Proposed dates: _____ Alternative: _____

Number expected to attend: _____

Jumping Equitation Judges School & Accreditation

Indicate which levels are required _____

Proposed venue: _____

Proposed dates: _____ Alternative: _____

Number expected to attend: _____

Signed: _____ Telephone: () _____
Zone Secretary

Office Use Only:

Uploaded on PCQ Website

Initials: _____

Dated: ____/____/____