



Pony Club Association of Queensland Inc.

The Hub
Unit 3, 14 Ashtan Place, Banyo
PO Box 293
Northgate Qld. 4013

Phone: (07) 3216 1255

email: admin@pcaq.asn.au
www.pcaq.asn.au

ABN: 49 040 247 044

APPLICATION FOR ZONE CHAMPIONSHIP DRESSAGE DAY 2017

Please Note:

A Zone Committee (or at least some members of the committee) should have run at least **one** Unofficial day or Zone Championship before running a Zone Event. Only applications submitted on this form will be accepted.

Please complete this form and return to PCAQ, by the **3rd November 2016** for the first round of date allocation. The sub-committee will then allocate the dates for Official days in 2017 at the Management Meeting held on the first Thursday in November 2016

Applications which are received after 3rd November 2016 will be submitted in the second round.

A second round of nominations closing on 2nd March 2017 will be considered, but any dates allocated will have to fit in with existing events.

You will be advised by email of the date allocated. Official Day Kits can be downloaded from the PCAQ website, Resources – Rule Books page, or on request from the Office, they include a form to submit your program and Judges. **The approved judges must be used. If these judges were not used OR your program was not approved prior to the event, then the event will be deemed unofficial and all grading points cancelled and it will not be recognised as a State Qualifying Event.**

ZONE Organising Event: _____

PROPOSED DATE 1st Choice _____ 2nd Choice: _____

VENUE/GROUNDS: _____

SECRETARY'S NAME: _____

CLUB EMAIL: _____

POSTAL ADDRESS: _____ **POSTCODE:** _____

If requested the Official Kit will be posted to this address

Tel: (07) _____ **Mobile:** _____

When did this Club/Zone run its last event (month/Year)?

Official/Championship 1) _____ **2)** _____

Unofficial 1) _____ **2)** _____

ZONE SECRETARY'S SIGNATURE: _____

CLUB SECRETARY'S SIGNATURE: _____

IMPORTANT: Applications that are not signed by BOTH the Club and Zone Secretary will be returned.



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APPLICATION FOR ZONE CHAMPIONSHIP COMBINED TRAINING DAY 2017

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A second round of nominations closing on 2nd March 2017 will be considered, but any dates allocated will have to fit in with existing events.

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ZONE Organising Event: _____

PROPOSED DATE 1st Choice _____ 2nd Choice: _____

VENUE/GROUNDS: _____

SECRETARY'S NAME: _____

CLUB EMAIL: _____

POSTAL ADDRESS: _____ **POSTCODE:** _____

If requested the Official Kit will be posted to this address

Tel: (07) _____ **Mobile:** _____

When did this Club/Zone run its last event (month/Year)?

Official/Championship 1) _____ **2)** _____

Unofficial 1) _____ **2)** _____

ZONE SECRETARY'S SIGNATURE: _____

CLUB SECRETARY'S SIGNATURE: _____

IMPORTANT: Applications that are not signed by BOTH the Club and Zone Secretary will be returned.



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APPLICATION FOR ZONE CHAMPIONSHIP SHOWJUMPING DAY 2017

Please Note:

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ZONE Organising Event: _____

PROPOSED DATE 1st Choice _____ 2nd Choice: _____

VENUE/GROUNDS: _____

SECRETARY'S NAME: _____

CLUB EMAIL: _____

POSTAL ADDRESS: _____ **POSTCODE:** _____

If requested the Official Kit will be posted to this address

Tel: (07) _____ **Mobile:** _____

When did this Club/Zone run its last event (month/Year)?

Official/Championship 1) _____ **2)** _____

Unofficial 1) _____ **2)** _____

ZONE SECRETARY'S SIGNATURE: _____

CLUB SECRETARY'S SIGNATURE: _____

IMPORTANT: Applications that are not signed by BOTH the Club and Zone Secretary will be returned.



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APPLICATION FOR ZONE CHAMPIONSHIP JUMPING EQUITATION DAY 2017

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ZONE Organising Event: _____

PROPOSED DATE 1st Choice _____ 2nd Choice: _____

VENUE/GROUNDS: _____

SECRETARY'S NAME: _____

CLUB EMAIL: _____

POSTAL ADDRESS: _____ **POSTCODE:** _____

If requested the Official Kit will be posted to this address

Tel: (07) _____ **Mobile:** _____

When did this Club/Zone run its last event (month/Year)?

Official/Championship 1) _____ **2)** _____

Unofficial 1) _____ **2)** _____

ZONE SECRETARY'S SIGNATURE: _____

CLUB SECRETARY'S SIGNATURE: _____

IMPORTANT: Applications that are not signed by **BOTH** the Club and Zone Secretary will be returned.



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APPLICATION FOR ZONE CHAMPIONSHIP ONE DAY EVENT DAY 2017

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ZONE Organising Event: _____

PROPOSED DATE 1st Choice _____ 2nd Choice: _____

VENUE/GROUNDS: _____

SECRETARY'S NAME: _____

CLUB EMAIL: _____

POSTAL ADDRESS: _____ **POSTCODE:** _____

If requested the Official Kit will be posted to this address

Tel: (07) _____ **Mobile:** _____

When did this Club/Zone run its last event (month/Year)?

Official/Championship 1) _____ **2)** _____

Unofficial 1) _____ **2)** _____

ZONE SECRETARY'S SIGNATURE: _____

CLUB SECRETARY'S SIGNATURE: _____

IMPORTANT: Applications that are not signed by BOTH the Club and Zone Secretary will be returned.