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**NOMINATION FORM (for PCQ team selection) to NSW STATE DRESSAGE CHAMPIONSHIPS 2018**  
**NSW State Dressage Championships Date: 27<sup>th</sup> & 28<sup>th</sup> January 2018**  
**Venue: Hawksbury Showgrounds, Clarendon, New South Wales**

**Closing Date: Friday 17<sup>th</sup> November 2017 No Late entries will be accepted, no exceptions.**

Rider's Name: .....

Address: ..... Post code: .....

Phone/Mobile: ..... Email: ..... Date of Birth: ..... Age at 2701/2018: .....

Did you compete at the PCAQ State Championships in 2016 & 2017: YES/NO

If NO please give reasons:

.....

Horse's Name: ..... Grade: .....

Age: ..... Height: ..... Colour: ..... Sex: Mare/Gelding .....

**IMPORTANT:** Please note horses can only be substituted with a vet certificate produced, not more than 7 days old when presented and the substituted horse must be approved by selection committee **PRIOR** to leaving for NSW. Nominees are to hold a D Proficiency Certificate (12 Yrs & Under) & a C Proficiency Certificate (13 & Under 26 Yrs) **All horses must be Microchipped - Hendra Vaccination is recommended but not compulsory**

**NSW Age Groups:** Under 11 (1.1 & 1.2): 11 & Under 13 (1.2 & 1.3): 13 & Under 15 (1.3 & 2.1): 15 & Under 17 (2.1 & 2.3): 17 & Under 25 (2.3 & 3.1) **Please circle age group you are nominating.**

**Performances:** Please list on Page 2, ***all*** your Dressage competition performances on the nominated horse in the past 12 months. Performances must include Official & State Event results and can include Unofficial & EA results. **A photocopy of your performance card must be included with this nomination.** Riders must have competed in a minimum of 3 Dressage days in the previous 12 months.

**I AGREE** to accept travel arrangements as Directed by the Team Manager & to do any training period prior to departure, venue & length of time determined by CIP. **I understand** that no correspondence direct to the NSW State Office will be tolerated and my position on the Team may be relinquished as a result, any query regarding their event must be submitted through the Queensland State Office.

**I agree also to accept the decision of the Selection Committee as final and not open for debate.**

Signature: ..... Signature: .....

Nominee

Parent/Guardian of rider under 18

**TO BE COMPLETED BY CLUB SECRETARY/CLUB CHIEF INSTRUCTOR**

No. of Club Rallies (Musters) held by Club in the past 12 Months ..... No. attended by Nominee .....

**I confirm that the nominee has attended at least three (3) rallies in the past 12 months & all information/results on this form deemed correct**

on behalf of the ..... Pony Club, approve this nomination.

Signed: ..... Signed: .....

Club Secretary

Club Chief Instructor

**MANDATORY:** Forms must be fully completed, ALL questions answered, results listed & photocopy of performance card included. **Failure to supply all details or copies of your performances, your nomination will be returned to you.**

