



Unit 3, 14 Ashtan Place, Banyo 4014
PO Box 293, Northgate, Qld 4013

Phone. 07 3216 1255
Email: admin@pcaq.asn.au

ABN: 49 040 247 044

NOMINATION FORM – QLD STATE JUMPING EQUITATION TEAM 2018
NSW State Jumping Equitation Championships Date: 9th & 10th July 2018
Venue: Australian Equine & Livestock Events Centre, Tamworth, New South Wales

Closing Date: Friday 25th May 2018 No late entries will be accepted, no exceptions

Rider's Name:

Address: Post code:

Email:

Phone/Mobile: Date of Birth: Age at 9/07/2018:

Did you compete at the PCAQ State Championships in 2017 & 2018: 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 (12yrs & under) / C Proficiency Certificate (13yrs & under 26). **All horses must be Microchipped – Hendra vaccination is recommended but not compulsory**

NSW Age Groups: Under 13 (75cm): 13 & Under 15 (85cm): 15 & Under 17 (90cm): 17 & Under 25 (95cm)
Please circle age group you are nominating.

Performances: Please list on Page 2, **all** your Jumping Equitation competition performances on the nominated horse in the past 12 months. Performances must include all Jumping Equitation events, Zone Championships & State Event results. **All performances must be included with this nomination.** Riders must have competed in a minimum of 3 Jumping Equitation days in the previous 12 months.

I AGREE to accept travel arrangements as Directed by the Team Manager & to do any training prior to departure, venue & length of time determined by CIP. **I understand** that no correspondence direct to the NSW State Office will be tolerated & 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 to accept the decision of the Selection Committee as final & 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.**

