

**TE ATATU PONY CLUB
APPLICATION FOR GRAZING**

DETAILS			
Surname		Given Name	
Address			
Email			
Phone/s			
Mobile/s			
HORSE/PONY DETAILS			
Name		Age	
Colour		Height	
Last Wormed		Vaccinated	
Name		Age	
Colour		Height	
Last Wormed		Vaccinated	
Name		Age	
Colour		Height	
Last Wormed		Vaccinated	
DECLARATION			
<ul style="list-style-type: none"> • I understand, accept and have signed the grazing terms and conditions that are set out by Te Atatu Pony Club. • I agree to pay all grazing fees to the Te Atatu Pony Club bank account on the 1st of every month. • I understand, accept and have signed the Membership & Working Bee Conditions 			
Signed		Date	