|  |
| --- |
| **Details - Person Responsible for the Horse (must be aged 18 or over)** |
| Surname |  | Given Name |  |
| Address |
| Email |  |
| Mobile Ph |  |
| Occupation |  |
| **Details - Rider** |
| Surname |  | Given Name |  |
| Date of Birth |  | Number of years riding |  |
| Previous PC or Riding School (if any) |  | PC Certificate Level (if any) |  |
| **Details - Horse** |
| Name |  | Age |  |
| Height |  | Gender |  |
| Last Wormed |  | Colour |  |
| Any dietary considerations (e.g. weight management): |  |
| **Declaration** |
| * I understand and accept the grazing terms and conditions attached to this application
* I agree to pay all grazing fees to Te Atatu Pony Club bank account on the 1st of every month or at a frequency arranged with the Treasurer.

Te Atatu Pony Club Bank Account: 12 3038 0243060 000 |
| Signed |  | Date |  |

*Please read and sign this document, then send to* *membershipenquiriestapc@gmail.com* *along with the Grazing Terms & Conditions. Keep a copy of the Grazing Terms & Conditions for your records*