



PONY CLUB ASSOCIATION OF THE NORTHERN TERRITORY INC

APPLICATION FOR D* EXAMINATION

NAME			
ADDRESS			
DATE OF BIRTH		PHONE	
D CERTIFICATE PASSED (date)			
PONY CLUB			
NAME OF HORSE TO BE RIDDEN		Age (of Horse)	
NAME		Club Coach Co-ordinator or Senior Instructor	
SIGNATURE			
NAME		Club Chief Instructor	
SIGNATURE			

I understand that the organisers of the examination can accept no responsibility for damage, loss or injury, to gear or horse or rider, and that I participate at my own risk.	
SIGNATURE OF RIDER	
SIGNATURE OF PARENT /GUARDIAN (if rider under 18 Years)	
DATE	

Please forwards this application to PCANT, Exam Co-ordinator

CLUB COACH CO-ORDINATOR, SENIOR INSTRUCTOR OR CHIEF INSTRUCTOR
TO COMPLETE OVER PAGE



PONY CLUB ASSOCIATION OF THE NORTHERN TERRITORY INC

PONY CLUB/S RESPONSIBLE FOR PREPARING D* CANDIDATES	
NAME OF COACH	SECTION/S OF SYLLABUS COVERED (eg: Flatwork, Showjumping, Horsemastership)

PERSON RESPONSIBLE FOR ASSESSING THE CANDIDATE	
DATE ASSESSED	
HORSE NAME	
HORSE AGE	