



PONY CLUB ASSOCIATION OF THE NORTHERN TERRITORY INC

APPLICATION FOR K EXAMINATION

NAME		PHONE	
ADDRESS			
PONY CLUB		DOB	
DETAILS OF HORSE/S TO BE RIDDEN FOR THE TEST			
NAME/S	AGE/S	LENGTH OF TIME RIDER HAS BEEN WORKING THIS/THESE HORSE/S	
NO. OF YEARS AT PONY CLUB, WITH REGULAR ATTENDANCE AT RALLIES			
DATE C CERTIFICATE PASSED			

AREAS SELECTED FOR EXAMINATION (See APCC Syllabus)

SECTION A	
SECTION B	
SECTION C	
PLEASE TICK THE TWO ACTIVE RIDING SUBJECTS WHICH HAVE BEEN EXTENSIVELY COVERED FROM THE ABOVE LIST.	

I certify that I have completed the pre-requisites and am eligible to take the K Examination. I understand that the organisers of the examination can accept no responsibilities for damage, loss or injury to horse, gear or rider and that I participate at my own risk.

SIGNATURE OF APPLICANT		DATE	
SIGNATURE OF PARENT/ GUARDIAN (if under 18 years)		DATE	

