

# REGISTERED DAY PARTICIPANT

## REMITTANCE FORM 2019-20



This form is to be completed and returned to the Pony Club Association of Victoria Inc. together with payment upon completion of the event. All Open Riders names to be recorded, Liability/Waiver form completed; and Fee paid for Riders without Public Liability insurance minimum \$10,000,000.00

Club:	Date of Event:
Number of Participants @ \$15 ea PER DAY= \$	
Direct Deposit to PCAV <i>please identify your deposit with club name.</i> ANZ  013 355   260054734	
Or Cheques made out to Pony Club Association of Victoria	

### Names and Addresses of Registered Participants:

First Name	Surname	Address	Mship No: PC/EA ect	Paid

Signature:	Position:
Date:	Pony Club Association of Victoria 73-75 Mackie Road Mulgrave 3170 03 8685 8925   <a href="mailto:office@ponyclubvic.org.au">office@ponyclubvic.org.au</a>