



# SOUTHERN METROPOLITAN ZONE INC.

Registered Number: A0025801H



## C\*/K CERTIFICATE TRAINING CLINIC SATURDAY AUGUST 18 MERRICKS PONY CLUB

This training clinic is for rider's who are working towards, or would like to start their C\*/K certificates. There will be practical and unmounted sessions. An opportunity to sign off some modules may be possible. Priority given to members of Southern Metropolitan Zone, but other zones most welcome.

**VENUE:** Merricks Station Reserve, 3435 Frankston Flinders Road, Merricks 3916

**TIME:** 9:30 – 3pm

**COST:** SMZ members Free (subsidized by zone), Non-SMZ \$50

**PRESENTERS:** Sally Francis & Andy Rouget

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### What to bring;

Please bring your C\*/K workbook along with any project work (K riders). Suitable horse and any gear required to complete your practical/ridden components eg; lungeing gear, jumping gear.

**Full canteen available all day.**

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**Conditions of entry; entry is conditional upon acceptance of these conditions.** Entering this clinic constitutes acknowledgement that PCAV rules apply and acceptance of these rules.

1. Participation Fee; Free SMZ members - \$50 non-SMZ members.
2. No refunds after closing date except with a medical certificate.
3. Medical armbands, helmets and correct footwear required as per PCV rules.
4. Neither the organising committee of this clinic, the owners of Merricks Station or PCV accepts any responsibility whatsoever for any damage, accident, injury or illness to clinic participants, spectators or any other person or property.
5. **DOGS ARE STRICTLY PROHIBITED FROM THIS EVENT.**

I would like to attend the SMZ August 2018 C\*/K training clinic. Please return form by August 12.

Name: \_\_\_\_\_ Horse \_\_\_\_\_

Contact no. \_\_\_\_\_ Pony Club \_\_\_\_\_

Email: \_\_\_\_\_

**Working towards**    C\*    K    Certificate (please circle)

**K Riders: Please list your chosen topics if known below;**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Please direct any enquiries and completed forms to Tiffany Joose – 0403163612  
[tjoosse@internode.on.net](mailto:tjoosse@internode.on.net)

**SMZ Bank Details;**

Payment by EFT to BSB 063125 A/C 10066352  
Use 'name of rider' & 'C\*/K training clinic' as reference

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