

STATE CAMP APPLICATION



2027

Opening Date: 1st September 2026
Closing Date: 30th September 2026

10th – 14th January 2027: SIEC



Our Sponsors / Supporters



01 Applicant Details

FULL NAME	E-MAIL
ADDRESS	
PHONE NUMBER	DATE OF BIRTH
CLUB	ZONE
YEARS AS A PONY CLUB MEMBER	RALLY DAYS ATTENDED IN LAST 12 MONTHS (WILL BE VERIFIED)
HIGHEST PROFICIENCY CERTIFICATE HELD — C CERTIFICATE PREFERRED, OR EVIDENCE OF WORKING TOWARDS IT (PLEASE ATTACH EVIDENCE)	RALLY DAYS HELD BY YOUR CLUB IN LAST 12 MONTHS (WILL BE VERIFIED)
WORKING WITH CHILDREN CHECK NUMBER (IF 16 OR ABOVE)	EXTRA ACCREDITATIONS HELD — EG FIRST AID, INSTRUCTORS CERTIFICATE
DISCIPLINE PREFERENCES — RANK 1 (FIRST CHOICE) TO 5 (LAST CHOICE)	
Dressage.....()	
Showjumping.....()	
Eventing.....()	
Mounted Games()	
Challenge Fundamentals.....()	

02 Horse Details & Grades

IS THIS HORSE LEASED? IF SO, PLEASE PROVIDE THE OWNER'S DETAILS

HORSE NAME	
COLOUR	HEIGHT
SEX	BREED
AGE	
MARKINGS	BRAND
DISCIPLINE NORMALLY COMPETED ON THIS HORSE	HOW LONG HAVE YOU BEEN RIDING THIS HORSE
PONY CLUB SHOWJUMPING GRADE	PONY CLUB LEVEL CURRENTLY COMPETING ON THIS HORSE
OPEN LEVEL CURRENTLY COMPETING ON THIS HORSE	

03 Performances

Selections are based on performance — it's in your best interest to include as much detail as possible.

PONY CLUB NSW STATE CHAMPIONSHIPS ATTENDED ON NOMINATED HORSE

Date / Event / Venue / Age Group / Grade · Placing / No. in event · Times / Faults / Dressage Score — eg 12/05/26, State ODE, Albury, 15-17 years, B grade, 4th of 10, dressage score 34 penalties.

OTHER PONY CLUB PERFORMANCES OF HORSE/RIDER COMBINATION WITHIN LAST 2 YEARS ONLY

04 Open Performances & Schools

OPEN COMPETITION RESULTS OF NOMINATED HORSE/RIDER COMBINATION — LAST 2 YEARS ONLY

Date, Venue/Event Name, Event — eg 12/12/24, 8/24, Summer Classic Showjumping, World Cup class

INSTRUCTIONAL SCHOOLS ATTENDED IN THE LAST 2 YEARS — EG PREVIOUS STATE CAMP, REGIONAL SCHOOLS

Date, Zone, Venue, Instructor (list all), No. of days, Discipline, Horse ridden

05 Rider & Horse Experience

EXPERIENCE OF RIDER WITH OTHER HORSES — EG IS THIS YOUR FIRST HORSE, DO YOU BRING ON OTTBs, RESULTS WITH ANOTHER HORSE

EXPERIENCE OF HORSE WITH OTHER RIDERS (FULL DETAILS IF ANY)

06 More Info

IN YOUR OWN WORDS, WHY DO YOU WANT TO ATTEND STATE CAMP?

IS THERE ANY OTHER INFORMATION THAT WILL HELP SUPPORT YOUR APPLICATION?

07 Medical & Emergency Contacts

DO YOU HAVE ANY MEDICAL CONDITIONS, ALLERGIES, OR MENTAL HEALTH CONCERNS (E.G. ANXIETY, DEPRESSION, ADHD ETC) WE SHOULD BE AWARE OF, TO ENSURE YOUR WELLBEING AND SAFETY?

IF YES — HOW MIGHT THIS IMPACT YOUR WELLBEING OR SAFETY AT CAMP? EG ANXIETY IN UNFAMILIAR ENVIRONMENTS, ADHD SYMPTOMS WHEN UNMEDICATED, TRIGGERS FOR DEPRESSION (SOCIAL ISOLATION, HIGH PRESSURE)

MEDICATION NEEDED AT CAMP? IF YES, PLEASE PROVIDE DETAILS	DOES THIS REQUIRE REFRIGERATION?
PARENT'S MOBILE	PARENT'S WORK NUMBER
OTHER EMERGENCY CONTACT	PHONE NUMBER
FRIEND APPLYING FOR CAMP YOU'D LIKE TO BE ROOMED WITH — 2 PEOPLE PER CABIN	

08 Declaration & Approval

I confirm that I have carefully read this application form, including its requirements, and declare that the information given by me is true and correct.

I understand that if selected I must agree to abide by the Camp Code of Conduct and Camp Rules, and that my camp acceptance fee of \$650 must be paid by the due date of 11th December.

RIDER NAME	PARENT NAME
SIGNATURE	SIGNATURE
DATE	DATE
DD / MM / YYYY	DD / MM / YYYY

CLUB / ZONE APPLICATION SUPPORT

This must be signed in order to submit.

CLUB SECRETARY	ZONE ZCI
SIGNATURE	SIGNATURE
DATE	DATE
DD / MM / YYYY	DD / MM / YYYY