STATE CAMP APPLICATION 2027

PONY CLUB
NEW SOUTH WALES

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

10th – 14th January 2027: SIEC

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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 18 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

AGE

BREED

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

DD / MM / YYYY

DATE

DD / MM / YYYY

CLUB / ZONE APPLICATION SUPPORT

This must be signed in order to submit.

CLUB SECRETARY

ZONE ZCI

SIGNATURE

SIGNATURE

DATE

DD / MM / YYYY

DATE

DD / MM / YYYY