REGISTERED DAY PARTICIPANT



REMITTANCE FORM

This form is to be completed and a copy along with applicable payment to be made to both Pony Club Australia and Pony Club Victoria Inc. upon completion of the event. All Day Participant names to be recorded, Liability/Waiver form completed; and Fee paid for Riders without Public Liability insurance minimum \$10,000,000.00.

Club/Zone:	Date of Number of Event: Participants per day		
Direct Deposit to PCA.	BSB: 064 170		
\$11 per participant.	Account Number: 10704304		
(please identify your deposit with DP followed by your			
club/zone name)			
Direct Deposit to PCV	BSB: 013 355		
\$9 per participant.	Account Number: 260054734		
(please identify your deposit with DP followed by your			
club/zone name)			

PLEASE RETURN TO: <u>accounts@ponyclubvic.org.au</u> and <u>accounts@ponyclubaustralia.com.au</u>

Names and Addresses of Registered Participants:

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

Signature:		Position:	
Date:	/ /	Pony Club Victoria 73-75 Mackie Road Mulgrave 3170 03 8685 8925 <u>office@ponyclubvic.org.au</u>	