This document will have to be filled out by the candidate and signed by the DC. It must be sent to the Regional testing committee with their intent to test by March 1st of the year they plan to test in.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pony Club Levels. SM: \_\_\_\_\_\_ Riding: \_\_\_\_\_\_\_\_

First aid certificate: yes /no. Type of certificate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry date: \_\_\_\_\_\_\_\_\_\_\_

**STABLE MANGEMENT PLAN**

How will you acquire skills/knowledge in the following subjects?

Lungeing Regional Clinic / Other

Conformation and unsoundness Regional clinic / will teach / Other

Bandaging Regional clinic / will teach / Other

First aid Regional clinic / will teach/ Other

Teaching Regional Clinic / Other

*If ‘will teach instead’:* Branch(es) where you will teach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If ‘other’ please provide the name and some information on the coach that will assist you with this topic.*

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**RIDING PLAN**

I intend to participate in the following clinics, events or lessons. *Candidates must have completed three SJ and XC courses at the appropriate level, in a show or a clinic and must have attended three flat/dressage clinics/lessons or competitions at required level.*

**Branch riding lessons** yes / no

Name of instructor(s) at branch lessons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected number of lessons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Riding outside of the ranch will be done at the following events

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event name** | **date** | **Coach / Clinician name1**  | **Flat/SJ/XC2** | **Level 3** |
|  |  |  |  |  |
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|  |  |  |  |  |

1 Only applicable for clinics and lessons, not shows

2 Indicate which of the three disciplines will be taught, or competed in

3 At what level will you compete or ride

**VOLUNTEERING PLAN**

I am planning to fulfill my volunteer commitment through the following events:

**Lessons**

|  |  |  |
| --- | --- | --- |
| Date | Branch | Lesson subject |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Officiate / volunteer / Other**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Name of event | Job | Time commitment |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

Member Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of DC or Center administrator Signature of DC or center administrator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , date: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_