This document has 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: \_\_\_\_\_\_\_\_\_\_\_

Planning to test to level: C2 SM only / C2 traditional / C2 flat / C2 jumping\* *circle appropriate option*

Planning to attend SM lessons at the branch to prepare for test yes/no

*If ‘no’ please fill out the Personal testing plan – SM portion - for B/B2 level*

*If ’yes’:* Will you attend lessons for the following subjects at branch or at regional level?

Lunging Branch / Region

Conformation and unsoundness Branch / Region / will teach instead

Bandaging and First aid. Branch / Region / will teach instead

*If ‘Branch’, the DC will have to confirm with the Regional Testing Committee that candidate has attended these lessons at the Branch level*

*If ‘will teach instead’:* date of lesson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planning to attend riding lessons at the Branch to prepare for test (if applicable) yes/no

*If ‘no’, please fill out the Personal testing plan – Riding portion - for B/B2 level*

*If ‘yes’, the DC will have to confirm with the Testing committee that candidate has attended riding lessons at the Branch and has adhered to the 60% attendance requirement as set by the Branch.*

I plan to fulfill my volunteer commitment through the following events:

**Teaching**

|  |  |  |
| --- | --- | --- |
| 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: ­­\_\_\_\_\_\_\_\_\_\_\_