

CPC HA and RA Test Name: _____
INTENTION TO TEST FORM 2015

The information from this form will be used by the HA/RA test organizers to help schedule testing sites and assign examiners for the A practical tests. The information you provide on this form is not a firm commitment, just your best guess and wishes for your A testing plans. **If there is any chance you plan to test in 2015, you must submit this form.**

The form must be sent your Regional Test Chair (by **October 15/14**). It will then be forwarded to the National Test Chair (see below for contact information) to arrive by November 1st of the year prior to the test. (Remember that this form is for the practical test. Written test applications along with the written test fee must be sent in addition if you plan to take the written test.)

You must submit a completed HA and/or RA practical test application along with the requisite fees to the National Test Chair by March 1st of the year you plan to test to confirm your placement in the test.

It is understood that sometimes your decisions around testing will change after you submit this form. If this happens, please contact the National Test Chair ASAP so national plans can be adjusted.

If you have questions, prospective HA/RA candidates should contact the National Test Chair, Gwen Barnes at gbarnes@sympatico.ca or your Regional Test Chair.

Member and Horse Information	
Member Name	
Contact e-mail <i>(personal one that is checked daily!)</i>	
Mailing address	

Phone numbers	Home	Cell

Instructors/coaches: Name	Telephone	e-mail

Horse(s) that you plan to test on	Name	Circle one...
		Leased Owned Borrowed
		Leased Owned Borrowed

Testing Information	
<i>Please circle to clearly indicate which phases you are planning to test:</i>	
Written Test	Yes No
Entire RA	Yes No
<i>or</i> Riding on the flat	Yes No
Riding over fences	Yes No
Stadium jumping only	Yes No
Entire HA	Yes No
<i>or</i> Stable Management	Yes No
Handling an unknown horse	Yes No
Teaching	Yes No
Teaching to Lunge	Yes No
Lungeing a rider	Yes No

Candidate's District Commissioner statement:

_____ (*candidate's name*) is a member in good standing of the
 _____ branch in the _____ region of
 the Canadian Pony Club.

D.C.'s Signature: _____ Date: _____

Candidate's statement:

I have read the current "A/B Testing Procedures" and "A/B TP Requirements for Examiners & Candidates" and understand the qualifications necessary to test at the Canadian Pony Club "A" level.

Candidate Signature _____ Date _____

Regional Test Chair Signature _____ Date: _____