



APPLICATION FORM FOR PROFICIENCY TEST

Branch _____

Member's Name _____

Address _____

Date of Birth _____

Membership No. _____

Test Applying For _____

Any Allergies or Medical Conditions _____
(That we need to be aware of) _____

I hereby certify that the above applicant is a Bone Fide member of the Irish Pony Club for the current year and agrees to the rules and regulations of The Irish Pony Club

Signed: _____
Parent/Guardian