

“D” APPLICATION
D “CLINIC” August 5th – 8th, 2018
Allegany County Fairgrounds in Angelica, NY Application
deadline: July 29th, 2018
Mail application & documentation & checks to:
Christine Jackson-Sullivan
4121 County Route 10
Cameron, NY 14819
Make checks payable to: Four PenNy II Pony Club
Questions? Have concerns? Email or call
Christine Jackson-Sullivan, DC jacksonc@corning.com or
607-542-7720

Pony Clubber’s name: _____

Parent/Emergency Contact Name: _____

Address: _____

Phone: _____ Cell phone: _____

Email: _____

Current age: _____ Current rating/type: _____

Parent Signature: _____

Club: _____ DC name: _____

DC Signature: _____

Mount’s name (as on coggins) : _____

Breed: _____ Height: _____

Does mount have any special needs, restrictions, or meds? Y or N. Please

briefly explain: _____

If horse takes any meds, please bring vet’s letter and meds to “clinic”.

PLEASE bring a stall card with current vet and farrier info filled out!!!

Clinic participant's name: _____

Can the clinic participant take care of mount unassisted? YES or NO

Can pony clubber tack up without assistance? YES or NO

Is the pony clubber a flat only rider? YES or NO

Height your mount is at ease jumping? _____

Maximum height of a course you have jumped on the mount you are bringing?

Participant's t-shirt size? YOUTH or ADULT size _____

Is the clinic participant a vegetarian? YES or NO

Does the child have any special needs, special medical needs/conditions, or any special restrictions that the organizers need to know for the safety of the child?

i.e. allergies, bee stings, asthma, seizures, overheats easily, etc... YES or NO

If yes, please explain: _____

Attach extra pages if necessary.

Unless parent is staying with participant, all meds (prescription or OTC) will be given to the organizers and dispensed by them.

Is the pony clubber's parent staying at "clinic" with the child? YES or NO

If yes, what is parent comfortable helping with? i.e. barns, food prep, etc...

Application checklist:

___ application with all signatures.

___ participant's immunization record.

___ directions for participant's prescription meds to be given, if required.

___ signed Pony Club code of conduct.

___ current coggins for mount.

___ current rabies vaccine certificate for mount.

___ check for \$250 made payable to Four PenNY II Pony Club