

# Centre Membership Application Form

When this completed form is received at Pony Club Headquarters, you will be sent a joining pack.



CENTRE NAME **Caistor Equestrian Centre**

Address **Moor Lane**

**Caistor**

Postcode **LN7 6SD**

Tel/Fax **01472 859341**

Email **events@caistorequestriancentre.com**

Proprietor's Signature

Date

Please complete the rest of this form in BLOCK CAPITALS and return with payment to: **The Pony Club, Stoneleigh Park, Kenilworth, Warwickshire, CV8 2RW**

## TO BE COMPLETED BY APPLICANT

Member's First Name

Surname

Date of Birth

Boy/Girl

Member's address

Postcode

Tel.

Email

Have you ever been a Member of a Pony Club Branch/Riding School, if so which?

**I agree to the above named being enrolled as a Member of the Pony Club and agree to abide by the rules as published in the Year Book and printed opposite.**

I hereby consent to The Pony Club keeping Membership details electronically and using them for the purposes registered under the Data Protection Act and outlined on The Pony Club website at www.pcuk.org. The Pony Club will not share contact information with any Third Party but may contact you with information relevant to The Pony Club's activities.

Print name of Parent/Guardian

Relationship

Signature

Date

Address (if different)

Postcode

Tel

Email

**Photographic Rights** – Members and their parents/guardians give permission for any photographic and/or film or TV footage taken of persons or horses/ponies taking part in Pony Club activities to be used and published in any media whatsoever for editorial purposes, press information or advertising by or on behalf of The Pony Club and/or official sponsors of The Pony Club. I understand that The Pony Club will select photographs for publication with care and respect for those shown.

Signature

Date

**GIFT AID:** As a registered charity, The Pony Club is able to treat the subscription as a donation, and to reclaim the notional tax under Gift Aid. We would be extremely grateful if you would complete the Gift Aid Declaration below, which enables us to do this. Completing this declaration does not mean that you will have to pay any additional tax

Please ensure that the Gift Aid Declaration is completed in full, as it will be detached from this Membership Form.

## GIFT AID DECLARATION: (Please complete this Declaration using Block Capitals)

I (First Name & Surname of the DONOR)   
of (address)   
 Postcode

declare that I have made a donation to The Pony Club (Charity No. 1050146) of £24 and wish it to be treated as a Gift Aid donation. I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for the current tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for the current tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Signed ..... Date of Payment .....

Name of Member

Name of Riding School

## Payment

**MEMBERSHIP IS RENEWABLE EACH YEAR. YOU WILL RECEIVE A REMINDER.**

I wish to pay by credit / debit card. Type: Visa – Master Card – Switch – Maestro

Card Number

Month

Year

Month

Year

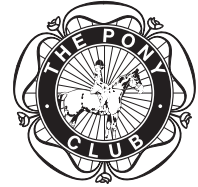
Valid From  /  Expires on  /  3 Digit Code

Name of Card Holder  Issue Number

	£	p
I agree to pay an annual subscription of	24	00
Please include a Pony Club Membership Badge (£2.00)		
and a Pony Club tie (£5.50)		
Total =		

I enclose a cheque/postal order made payable to The Pony Club

Signature of card holder



**Please return this half of the membership form to the Riding School Proprietor so they can keep it on file.**

Centre Name **Caistor Equestrian Centre** ..... Date .....

Proprietor/official instructor name .....

Member's name .....

Date of Birth .....

Parent/Guardian .....

Address .....

..... Postcode .....

Home telephone ..... Mobile .....

Parent's/Guardian's E-mail .....

**I understand that riding is a risk sport and accept that my child will be taking part in Pony Club riding and associated activities explained to me by the Riding School Proprietor/official instructor.**

**I have also been informed of the safe and correct riding equipment (including footwear and hats) that my child must wear.**

**If emergency medical/dental treatment is required in my absence, I authorise the appointed Pony Club Centre official to obtain such treatment as they reasonably consider necessary.**

*Applicants aged over 18 may sign for themselves, accepting the same conditions on their own behalf.*

**Please detail below any medical conditions which the Riding School Proprietor/official instructor should know about.**

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.....  
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Proprietor/official instructor signature .....

Parent/Guardian signature .....

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Signature ..... Date .....