

MASSEY PONY CLUB

APPLICATION FOR GRAZING – 2010/11

Details:

Family Name:

Address:

.....

Phone: Home Work

Mobile Mobile

EmailAddress:

Horse/s Details:

Name: Height: ____ . ____ hh Colour:

Age:

Name: Height: ____ . ____ hh Colour:

Age:

Name: Height: ____ . ____ hh Colour:

Age:

Vet : Farrier :

Phone : Phone :

.....

Last Wormed:

Vaccinated:.....

Declaration:

I understand, accept and have signed all the terms and conditions that follow set out by Massey Pony Club and agree to pay all grazing fees by automatic payment to the Massey Pony Club bank account.

Signed: Name:.....

Date:.....