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MOUNTED GAMES **BRANCH TEAM** DECLARATION FORM

This form must be completed and handed in to the Organiser at the Briefing

SENIOR/JUNIOR/INTERMEDIATE………………………..……….....…………………………..………… Branch / Centre Competition at…..………..………………………………………………………………. Date ………………………..….……

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Sex** | **RAA\***  **(Tick)** | **Name** | **Passport Number** | **Colour** | **Sex** | **Age** | **Height (cm)** |
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| NON-RIDING RESERVE |  |  |  | NOT APPLICABLE | | | | | |

I CERTIFY THAT

1. ALL Members listed above are bona fide Members of this Branch/Centre of The Pony Club and meets the requirements of the Mounted Games Rulebook
2. All ponies listed above meet the requirements of the Mounted Games Rulebook.
3. I, or my representative, undertake to ensure that all items of tack and clothing comply with the rules and will not be changed after inspection without reference to the Official Steward.
4. I, or my representative, confirm that if a Team Member changes to a different pony during the competition they will adhere to the current height/weight rules
5. I, or my representative, confirm that all the ponies declared have had their vaccinations/microchip certificates checked and they meet the requirements of this competition/relevant legislation.
6. I, or my representative, confirm that all the ponies declared do not show any sign of any equine illness and have not been in contact with any equine that has shown or tested positive for any equine illness in the past 28 days.

I shall be present at the competition OR I appoint ……………………………………………………………………………………………………………………….. as my Representative Date …………………………………………….……..………………..

Signed District Commissioner/Centre Proprietor ……………………………………………………………….………………………………………………………… Note: The DC/CP Representative may not be a Team Trainer or a Parent of a Competitor