B+ Test



Nomination Form - To be returned to your Area Representative

CANDIDATE INFOR	MATION:		
Name:			
Branch / Centre:			
Address:			
Postcode:			
Telephone:		Mobile: —	
Email:			
Date of Birth:			
Date of previous B+	· Test:		
Age on 1st January o	of the current year:		

I wish to nominate the above Candidate for the B+ Test. I hereby certify that:

- The Candidate will receive training in the subjects required and will prepare for this Test.
- I understand that the Candidate may have to change horses and another Candidate will ride the Candidate's horse.
- I understand that the horse brought to the Test may be suitable for all parts of the Test (a separate horse may be used for the double bridle section of the Test if required).

IMPORTANT INFORMATION:

- In the event of a Candidate failing the Test a new nomination form must be submitted together with a further fee.
- Please refer to the Reasonable Adjustment policy, found in the Rules of The Pony Club, available on The Pony Club Website.





Signed:		Date:
	(Candidate or Parent /Guardian if Candidate is und	er the age of 18)
hereby	certify that:	
	ndidate holds the B Test.	
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Please note: This form works best on desktop or laptop computers. For mobile use, please download the free

Adobe Acrobat Reader app for full functionality. Thank you!

