

The Pony Club Association of N.S.W.

7/25 Victoria Street, Wollongong NSW 2500
Postal Address: PO Box 2085 Wollongong 2500
Phone: 02 4229 8977 Fax: 02 4229 8966

Email: admin@pcansw.org.au Website: www.pcansw.org.au

CHAMPIONSHIP VENUE NOMINATION FORM

ZONE: _____ **DISCIPLINE:** _____

1. Date (sanctioned at the state meeting, indicated on website) _____

2. Venue (street address) _____

- 3. Stabling**
- a. Number _____
 - b. Type _____
 - c. Location _____
 - d. Size of stables/yards (in metres) _____

4. Arena - Attach details of the following: (please ✓ off to ensure all information has been included)

Dressage: A sketch map indicating measurements and suggested placement of required number of Dressage arenas

Showjumping & Jumping Equitation: Sketch map giving measurements of four jumping arenas, judge's boxes, marshalling yards, etc.
 List of equipment available

Sporting & Campdrafting: Details of arena
 Measurements and proposed number of possible lanes for Sporting events
 Location of camp yard, etc.
 Availability of cattle

ODE: Proposed area for Showjumping phase
 Proposed area for Cross country phase and suggested course builder
 A sketch map indicating measurements and suggested placement of required number of Dressage arenas

Show Riding: A sketch map indicating measurements of four arenas

Mounted Games: A sketch map indicating measurements of five lanes with a recommended space of 12 metres between each lane. The advised minimum field size is 74m x 55m with a 5.5 metre line behind the start and changeover lines

Polocrosse: A sketch map indicating numerous fields of 146.5m long and 55m wide with goal-posts 2.5m apart at each end. Plus, a penalty line 27.5m from each end and a 10m radius semi-circle directly in front of each goal-post. The suggested number of fields is six



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5. Location for Scorer (give approximate size of scoring room and details thereof. this must be a quiet place away from spectators with power and heat/cold depending on weather. A competent assistant must also be provided)

6. Secretaries Office available (give details) _____

7. Other buildings that may be used (give details) _____

8. Disabled facilities _____

9. Other details _____

10. Camping facilities a. Van sites _____

b. Power sites _____

c. Toilet & shower facilities _____

d. Other details _____

11. Cost a. Stable Fee (per horse) \$ _____ No. of days that this fee covers _____

Contact for extra stabling _____

b. Camping Fee (1 per family) \$ _____ No of days that this fee covers _____

Contact for extra camping _____

12. Motels a. Number in town _____

b. Suggested for Officials, judges etc. to stay (please list)

Name: _____

Phone: _____

Website: _____

Name: _____

Phone: _____

Website: _____



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13. Proposed Local Judges – please list (attach additional page if more space is required)

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

15. Marketing: (details to assist state office with promoting the event as well as Pony Club)

a. Local Media Contacts

i. Newspaper Name: _____

Website: _____

Phone/Email: _____

ii. Radio - Name: _____

Website: _____

Phone/Email: _____

iii. Television - Name: _____

Website: _____

Phone/Email: _____



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b. *Pre-Event Media Release* (quote, and photos if available, required at least 3 weeks before the event. Email to marketing@pcansw.org.au). Contact Person to provide;

Name: _____

Phone: _____

Email: _____

c. *Post-Event Story* (quote, and photos if available, required within 24 hours of event conclusion. Email to marketing@pcansw.org.au). Contact Person to provide;

Name: _____

Phone: _____

Email: _____

d. *Local Photographer* (suggested - Barry McGregor Photography, Ph.: 02 6558 3154)

Name: _____

Phone: _____

Website: _____

16. Zone Co-ordinator: (this person to liaise with the office and the Technical Delegate and be the point of contact at the Championship)

Name: _____

Phone: _____

Email: _____

DECLARATION: The above information is correct and accurate and the Zone agrees to abide by all state requirements to host the championship to the best of its ability.

Name: _____ Signed: _____ Date: __/__/__
Zone Secretary

Name: Signed: _____ Date: _____/_____/____
Zone President

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PLEASE POST THIS COMPLETED APPLICATION FORM, ALONG WITH ANY ADDITIONAL ATTACHMENTS, TO:

State Championship Venue Nomination
The Pony Club Association of NSW
PO Box 2085
Wollongong NSW 2500

APPLICATION CLOSING DATES: Completed forms must be received at the state office at least 7 days prior to the meeting at which they are to be discussed. Nominations should be received at least twelve months in advance with applications needing to be submitted by the meeting dates listed below:

- **Sporting, Campdraft & Team Penning** - 7 days prior to July Council meeting in year prior to Championship
- **Showriding, Showjumping, Dressage & Jumping Equitation** - 7 days prior to July Council meeting in year prior to Championship
- **Mounted Games & Team Sporting** - 7 days prior to November Council meeting in year prior to Championship
- **One-Day Event & Combined Training**- 7 days prior to November Council meeting in year prior to Championship