



# Tri-State Region Pony Club

United States Pony Clubs

## **Intent to Certify Form C2 - National Levels**

### **Candidate Contact Information**

Name:

Pony Club:

Address:

Home Phone:

Cell Phone:

E-Mail:

### **Parent Contact Information:**

Name:

Address:

Home Phone:

Cell Phone:

E-Mail:

**Current Rating:** \_\_\_\_\_

Please Note Intended Rating: C2 HB C3 B H/HA A Define specialty or retest:

Date of test Spring: \_\_\_\_\_ or Fall: \_\_\_\_\_

**How are you preparing for this rating:**

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Tell us about the horse you plan to use for the rating:

(Age, Level of Training, Strengths & Weakness & **Current level of Competition**)

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If this horse was not available for rating would you have a replacement? \_\_\_\_\_

### **DC Statement:**

As this upper level candidate's DC I certify that he/she is a member in good standing with our club. I have read the above and will support my candidate towards this rating.

DC signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This Form is Due May 1, 2019 with a \$40.00 Deposit Fee Made Out to "Tri-State Pony Club."**

**(Non-refundable fee to be applied to Grounds Fee @ Testing. Consideration will be given for a Vet/Dr letter.)**

Mail original form&check to:

Susan Holmes  
6334 Summit Rd., SW  
Pataskala, Ohio 43062

and please E-Mail a notice to: [plnholmes@earthlink.net](mailto:plnholmes@earthlink.net)  
Questions? contact 614-312-8660