



CANADIAN PONY CLUB

ANNUAL BRANCH CHARTER RENEWAL FORM



2024

Loyalty

Character

Sportsmanship

REGION: _____ BRANCH: _____

The contact information below will be used by the Region and National Office for branch related mail, email or phone communications, and to establish committees of common interest.

2024 BRANCH COMMITTEE

District Commissioner: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: () _____ Cell: () _____

E-mail: _____

Assistant District Commissioner: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: () _____ Cell: () _____

E-mail: _____

Alternate Email Contact (if not one of the above): _____

Phone: _____ E-mail: _____

If an Alternate contact is specified above, the DC certifies that the person has given written permission for their name, phone and email to be used for Branch contact purposes.

Treasurer: _____

Phone: _____ E-mail: _____

Secretary: _____

Phone: _____ E-mail: _____

The Bylaws of the Canadian Pony Club allow for an additional executive member for every 5 Active members in the Branch to a maximum of 10, if the Executive Committee so wishes, to help with the operations of a larger Branch. (By Law 12.05). All Branches are encouraged to have a youth rep.

Branch Youth Rep: _____

Phone: _____ E-mail: _____



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Risk management officer: _____
 Phone: _____ E-mail: _____
Test rep: _____
 Phone: _____ E-mail: _____
Position & Name: _____
 Phone: _____ E-mail: _____

Please continue on the back if required or you may attach a printed list of your Executive Committee.

Branch Charter Renewal Checklist: Check the box "yes" or "no"

✓ Our Branch was represented at a minimum of one regular Regional meeting in 2023.	<input type="checkbox"/> YES <input type="checkbox"/> NO
✓ Our Branch was represented at the Regional AGM in 2023.	<input type="checkbox"/> YES <input type="checkbox"/> NO
✓ Our Branch held an Annual General Meeting with elections in the last 6 months in accordance with the CPC, Regional and Branch governing documents.	<input type="checkbox"/> YES <input type="checkbox"/> NO
✓ Our Branch has at least 1 Active member on our branch committee.	<input type="checkbox"/> YES <input type="checkbox"/> NO
✓ Our Branch has Branch AGM and regular meeting minutes on file.	<input type="checkbox"/> YES <input type="checkbox"/> NO
✓ Our Branch has submitted the AGM and regular meeting minutes to the Region.	<input type="checkbox"/> YES <input type="checkbox"/> NO
✓ Our Branch has submitted a 2023 financial report to the Region.	<input type="checkbox"/> YES <input type="checkbox"/> NO
✓ Our Branch has submitted 2024 fees and forms for at least 5 Active members from at least 3 families to the Region.	<input type="checkbox"/> YES <input type="checkbox"/> NO
✓ Our Branch Rules and Regulations have been approved and are on file with the Region.	<input type="checkbox"/> YES <input type="checkbox"/> NO



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Membership Information

Number of Active Members for 2023 _____

Projected number of Active Members for 2024 _____

2024 Membership fees: (per member)

Branch (excluding Reg&Nat) _____

Exceptions: _____

In accordance with the Canadian Pony Club (CPC) requirements, our Branch has satisfied the minimum Branch renewal criteria. In addition, by accepting the position of District Commissioner (DC), I agree to allow my name, phone and email to be used to allow potential members to contact the Branch.

2024 DC Signature: _____ **Date:** _____

Banking Information

Financial Institution: _____

Address: _____

Account Numbers: _____

List of signing officers: _____

Treasurer and one other to sign each cheque.

I hereby declare that the above list of signing officers is correct, and proper signing authority has been registered by the Bank or Credit Union, based on the Regional and Branch Signing Authority on Page 7 of the Operations Manual. I further declare that none of the signing officers are related and/or living together by any of the following restricted relationships as outlined in Section II.4 on p.11 of the CPC



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Operations Manual: "No two members of the same family will have signing authority. Family will include but not be limited to spouse, parents, sisters, brothers, children, grandchildren, and nephews

D.C.'s Signature _____ **Date** _____

Treasurer's Signature _____ **Date** _____

This entire report is due immediately following your Branch AGM in the fall or NO LATER THAN DECEMBER 31st, 2023 to the Regional Membership Secretary or Regional Chair, who will provide a copy to the CPC National Office.

Note: The CPC National Office may select any Branch's Charter Renewal for audit. Submission of the Charter Renewal indicates agreement to comply with audit terms. During an audit, the BRANCH may be asked to submit documentation such as copies of annual general or regular meeting minutes or more detailed financial information.

The Region or National Office shall have the authority to **suspend or terminate** the Branch's Charter upon the determination that the Branch is no longer a viable entity; that the Branch is unable or unwilling to comply with the charter renewal process; or that such an action is in the best interests of CPC and in accordance with applicable policies.



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Branch Financial Statement ABSR

Please **attach** a financial statement showing income and expenses, funds on hand at the end of the year and any assets that the Branch owns **OR** fill out the form below. Please combine all payments and income from all bank accounts into one overview.

Branch _____ Year _____

INCOME

Membership Fees

Branch Fees \$ _____

Grants (give short description of grant)

_____ \$ _____

Fundraising (give short description of fundraiser) – net results only

_____ \$ _____

_____ \$ _____

Entry fees (give short description of clinics and or shows)

CAMP _____ \$ _____

CLINICS _____ \$ _____

SHOWS _____ \$ _____

OTHER (banquet etc) _____ \$ _____

Testing fees

REGIONAL TEST \$ _____

BRANCH TEST \$ _____

OTHER (give short description)

_____ \$ _____

Interest on bank accounts \$ _____

TOTAL INCOME (Line A) \$ _____



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EXPENSES

Member assistance, e.g., discounts or support for National/Regional events (give short description)

_____ \$ _____

Arena Rental \$ _____

Instructors fees

Mounted lessons \$ _____

Stable Management lessons \$ _____

Other _____ \$ _____

Event expenses (give short description of clinics and or shows)

CAMP _____ \$ _____

CLINICS _____ \$ _____

SHOWS _____ \$ _____

OTHER (banquet etc.) _____ \$ _____

Testing costs

REGIONAL TEST \$ _____

BRANCH TEST \$ _____

Supplies (pins, badges etc.) \$ _____

Other

Bank charges \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES (Line B) \$ _____



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Statement of funds

BALANCE AT BEGINNING OF PERIOD: \$ _____ (all bank accounts combined)

CURRENT YEAR: REVENUE (LINE A) \$ _____

EXPENSES (LINE B) \$ _____

LINE A MINUS LINE B \$ _____

BALANCE AT THE END OF PERIOD: \$ _____ (should be identical to the sum of the last bank statements)

Branch Assets.

Please name any equipment, supplies, etc. that the branch owns:

Asset: _____ Estimated Value: _____

Asset: _____ Estimated Value: _____

Asset: _____ Estimated Value: _____

Asset: _____ Estimated Value: _____

Asset: _____ Estimated Value: _____

Include the last statement from all your accounts for this period in your report.

I believe that these Financial Statements accurately represent the transactions in this period.

Prepared by: _____

Date: _____

Phone Number: _____

Submit to: Danielle Williams, Regional Membership Chair daniwil@me.com