



**CANADIAN PONY CLUB**  
**Named Facility Application**  
2018

*Loyalty*

*Character*

*Sportsmanship*

Please note that property owners hosting sanctioned Pony Club activities are automatically covered under our insurance policy while the activity is taking place.

However, some facilities demand that they be specifically named on our policy. While this is not necessary, our insurer has kindly agreed to do so, at no additional cost.

**Please fill out this form only if the facility requests that it be named.**

This form must be filled out completely and submitted to the National Office no less than **4 weeks** prior to the event. Fax to: 1-204-535-2289 or e-mail to [info@canadianponyclub.org](mailto:info@canadianponyclub.org).

Branch \_\_\_\_\_ Region \_\_\_\_\_

Facility's Full Legal Name \_\_\_\_\_

Facility's Full Legal Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \*Fax # ( \_\_\_\_\_ )

E-mail: \_\_\_\_\_

\* A fax number or e-mail address must be provided so that the certificate can be sent to the facility or contact person.

Please list the specific activity, dates and times that the facility will be used for the Pony Club sanctioned activity. **Specific dates and times must be provided.** A blanket request will not be processed.

Activity	Date	Time

\_\_\_\_\_  
Signature of D.C. or Regional Chair