



**Campus:** .....

**Year Level:**.....

**Student/Competitors Name:** .....

**Address:**.....

.....

**Ph:**.....**Email:**.....

**D.O.B.:**.....

**Parent/Guardian Names:**.....

**PCAV Member Number:**.....

**Equestrian Victoria Number:**.....

*\*To be able to compete for Flinders Christian Community College you are required to be a member of either PCAV or EA.*

**Please note: If any of your details change please make sure you fill in a new form.**

Return forms to:  
Jo Malloy – Equestrian Coordinator  
Mobile: 0417696678  
Email: [fccet@hotmail.com](mailto:fccet@hotmail.com)  
Mail: 51 Graydens Rd Tyabb 3913