

Welsh Pony & Cob Society

Cymdeithas y Merlod a'r Cobiau Cymreig

Bronaeron, Felinfach, Lampeter, Ceredigion, SA48 8AG

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APPLICATION FORM FOR SILVER IN-HAND MEDALS

In order to award Welsh Pony & Cob Society Silver In-Hand Medals, the show must be affiliated to the Society. Please ensure that the correct form and fees are submitted prior to the show.

Name of Show: _____

Date of Show: _____ Number of Days of Show: _____

Please complete the following details for the Sections in which you intend to award an In-Hand Silver Medal.

SECTION A

Name of Judge: _____
(as it appears on the In-Hand Panel of Judges)

Address: _____

Prefix: _____ Number of classes in Section A: _____

SECTION B

Name of Judge: _____
(as it appears on the In-Hand Panel of Judges)

Address: _____

Prefix: _____ Number of classes in Section B: _____

SECTION C

Name of Judge: _____
(as it appears on the In-Hand Panel of Judges)

Address: _____

Prefix: _____ Number of classes in Section C: _____

SECTION D

Name of Judge: _____
(as it appears on the In-Hand Panel of Judges)

Address: _____

Prefix: _____ Number of classes in Section D: _____

PART-BRED

Name of Judge: _____
(as it appears on the In-Hand Panel of Judges)

Address: _____

Prefix: _____ Number of classes in Part-BredSection : _____

Total number of medals required:

Total fee required for In-Hand Medals @ £60.00 each (including VAT @ 20%): £ _____

IMPORTANT NOTES

A draft copy of your schedule showing the relevant classes must be sent to the office for checking prior to going to final print, e-mail copies are acceptable. SENT/ENCLOSED
No Silver Medal Results cards will be sent out unless a draft schedule has been received by the Society.

Signature: _____	Print Name: _____
Position in Show Society: _____	Date: _____
Address (to which correspondence will be sent): _____	
_____ Tel no.: _____	

2019

OFFICE USE ONLY			
ACCOUNT NUMBER:	_____	RECEIPT NUMBER:	_____
DRAFT SCHEDULE RECEIVED:	_____	RESULTS CARDS SENT:	_____

MARKED CATALOGUE RECEIVED:	_____	RESULTS CARDS RECEIVED:	_____
