

**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.: _____	

2021

<b>OFFICE USE ONLY</b>			
ACCOUNT NUMBER:	_____	RECEIPT NUMBER:	_____
DRAFT SCHEDULE RECEIVED:	_____	RESULTS CARDS SENT:	_____
	_____		
MARKED CATALOGUE RECEIVED:	_____	RESULTS CARDS RECEIVED:	_____
	_____		