



**HORSE COUNCIL  
BRITISH COLUMBIA**

## Application for Pony Club Equivalence

**National English Learn to Ride Program**  
27336 Fraser Highway, Aldergrove, BC V4W 3N5  
Phone: 604-856-4304 • Toll Free: 1.800-345-8055  
• coaching@hcbc.ca www.hcbc.ca.com

### General Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ HCBC #: \_\_\_\_\_

Address: \_\_\_\_\_

Prov./Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Please declare which level of the English Learn to Ride program you are applying for equivalence in:

Please state which level of pony club you currently hold: \_\_\_\_\_

Please state the date you completed this pony club level: \_\_\_\_\_

Please state your pony club examiners name: \_\_\_\_\_

Will you be seeking instructor/coach certification?      Yes      No

Please state which level you would like to achieve certification at: \_\_\_\_\_

Please list one Professional Equestrian reference: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please make sure the following items are included with this application:

Request Form      Background Information Sheet      Copy of your Pony Club certificate or other  
documentation as seen fit

### Agreement and Consent

By completing this application and providing information to Horse Council BC (HCBC), I acknowledge and consent to AEF sharing the information with appropriate channels as deemed necessary to confirm equivalence.

Authorized Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date: \_\_\_\_\_



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## Background Information Sheet

**National English Learn to Ride Program**

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### Background Information:

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Please include any other additional information/documentation as seen fit.

### HCBC Use Only:

Date Received: \_\_\_\_\_ Date approved: \_\_\_\_\_

Approved :    Yes    No

Approved by: \_\_\_\_\_

Approval Signature: \_\_\_\_\_