Camino Real Region, USPC, Inc.
Membership Record

_____ **Pony Club**

Member First Name Middle Initial Last Name

Parents/Guardian First/Last	Home Phone/Cell	e-mail
Street Address	Date of Birth	Date Joined (new)
City – Zip		

Date	Pony Club Rallies, Clinics, Regional Camp Participation	Rating	Date of Rating
		D1	
		D2	
		D3	
		C1	
		C2	
		HB	
		C+/C3	
		B	
		H/HA	
		A	

Membership Record for ________________________________

Date	Pony Club Rallies, Clinics, Regional Camp Participation