RATINGS UPDATE FORM

Date _____

Club Name _____ Club Number _____

Prepared by _____ Region _____

Email _____ Phone _____

Please list each newly rated member alphabetically by last name; dates must be included. Please, use a new update form after each rating. Thank you, *Member Services Department*.

Member Name	DOB	D-1	D-2	D-3	C-1	C-2
ex. Smith, Mary	***07/04/88***			***08/01/98***		

One copy for Club records § One copy to RS § One copy to National Office

United States Pony Clubs, Inc. 4041 Iron Works Pkwy Lexington, KY 40511-8483
***phone* 859-254-7669 *fax* 859-233-4652 *email* memberservices@ponyclub.org**