



# CANADIAN PONY CLUB

## ANNUAL BRANCH CHARTER RENEWAL FORM

2025

Loyalty

Character

Sportsmanship

REGION: \_\_\_\_\_ BRANCH: \_\_\_\_\_

The contact information below will be used by the Region and National Office for branch related mail, email or phone communications, and to establish committees of common interest.

### 2025 BRANCH COMMITTEE

**District Commissioner:** \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Assistant District Commissioner:** \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**Alternate Email Contact** (if not one of the above): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**If an Alternate contact is specified above, the DC certifies that the person has given written permission for their name, phone and email to be used for Branch contact purposes.**

**Treasurer:** \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Secretary:** \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**The Default Branch Rules and Regulations of the Canadian Pony Club allow for an additional executive member in the Branch to a maximum of 6 members at large, if the Branch so wishes, to help with the operations of a larger Branch. All Branches are encouraged to have a youth rep.**

**Branch Youth Rep:** \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Test Rep:** \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_



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<p><b>Risk Management officer:</b> _____</p> <p>Phone: _____ E-mail: _____</p> <p><b>Position &amp; Name:</b> _____</p> <p>Phone: _____ E-mail: _____</p> <p><b>Please continue on the back if required or you may attach a printed list of your Executive Committee.</b></p>

### Branch Charter Renewal Checklist: Check the box “yes” or “no”

✓ Our Branch was represented at a minimum of one regular Regional meeting in 2024.	<input type="checkbox"/> YES <input type="checkbox"/> NO
✓ Our Branch was represented at the Regional AGM in 2024.	<input type="checkbox"/> YES <input type="checkbox"/> NO
✓ Our Branch held an Annual General Meeting with elections in the last 6 months in accordance with the CPC, Regional and Branch governing documents.	<input type="checkbox"/> YES <input type="checkbox"/> NO
✓ Our Branch has Branch AGM and regular meeting minutes on file.	<input type="checkbox"/> YES <input type="checkbox"/> NO
✓ Our Branch has submitted the AGM and regular meeting minutes to the Region.	<input type="checkbox"/> YES <input type="checkbox"/> NO
✓ Our Branch will have at least 5 members from at least 3 families sign up with our Branch	<input type="checkbox"/> YES <input type="checkbox"/> NO
✓ Our Branch Rules and Regulations have been approved and are on file with the Region.	<input type="checkbox"/> YES <input type="checkbox"/> NO
✓ A branch activity report is <b>mandatory</b> at the start of the year. This has been submitted with this branch charter.	<input type="checkbox"/> YES <input type="checkbox"/> NO
✓ A branch financial report is <b>mandatory</b> . This has been submitted with this branch charter.	<input type="checkbox"/> YES <input type="checkbox"/> NO



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### Membership Information

Number of Active Members for 2024 \_\_\_\_\_

Projected number of Active Members for 2025 \_\_\_\_\_

#### 2025 Membership fees: (per member)

Branch Fees (excluding Reg/Nat fees) \_\_\_\_\_

Regional Fees \_\_\_\_\_

Exceptions (e.g. discount for families): \_\_\_\_\_

In accordance with the Canadian Pony Club (CPC) requirements, our Branch has satisfied the minimum Branch renewal criteria. In addition, by accepting the position of District Commissioner (DC), I agree to allow my name, phone and email to be used to allow potential members to contact the Branch.

**2025 DC Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Banking Information

Financial Institution: \_\_\_\_\_

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

Account Numbers: \_\_\_\_\_

List of signing officers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Treasurer and one other to sign each cheque.**

I hereby declare that the above list of signing officers is correct, and proper signing authority has been registered by the Bank or Credit Union, based on the Regional and Branch Signing Authority in Section II of the Financial Policy. I further declare that none of the signing officers are related and/or living together by any of the following restricted relationships as outlined in Section II.4: "No two members of the same family will have signing authority. Family will include but not be limited to spouse, parents, sisters, brothers, children, grandchildren, and nephews



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**D.C.'s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Treasurer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

This entire report is due immediately following your Branch AGM in the fall or **NO LATER THAN DECEMBER 31<sup>st</sup>, 2024**, to the Regional Membership Secretary or Regional Chair, who will provide a copy to the CPC National Office.

**Note:** The CPC National Office may select any Branch's Charter Renewal for audit. Submission of the Charter Renewal indicates agreement to comply with audit terms. During an audit, the BRANCH may be asked to submit documentation such as copies of annual general or regular meeting minutes or more detailed financial information.

The Region or National Office shall have the authority to **suspend or terminate** the Branch's Charter upon the determination that the Branch is no longer a viable entity; that the Branch is unable or unwilling to comply with the charter renewal process; or that such an action is in the best interests of CPC and in accordance with applicable policies.



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### Branch Financial Statement

Please **attach** a financial statement showing income and expenses, funds on hand at the end of the year and any assets that the Branch owns **OR** fill out the form below.

Branch \_\_\_\_\_ Year \_\_\_\_\_

#### INCOME

##### Membership Fees

Branch Fees \$ \_\_\_\_\_

##### Grants (give short description of grant)

\_\_\_\_\_ \$ \_\_\_\_\_

##### Fundraising (give short description of fundraiser) – net results only

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

##### Entry fees (give short description of clinics and or shows)

CAMP \_\_\_\_\_ \$ \_\_\_\_\_

CLINICS \_\_\_\_\_ \$ \_\_\_\_\_

SHOWS \_\_\_\_\_ \$ \_\_\_\_\_

OTHER (banquet etc) \_\_\_\_\_ \$ \_\_\_\_\_

##### Testing fees

REGIONAL TEST \$ \_\_\_\_\_

BRANCH TEST \$ \_\_\_\_\_

##### OTHER (give short description)

\_\_\_\_\_ \$ \_\_\_\_\_

##### Interest on bank accounts

\$ \_\_\_\_\_

##### TOTAL INCOME (Line A)

\$ \_\_\_\_\_



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### EXPENSES

**Member assistance**, e.g., discounts or support for National/Regional events (give short description)

\_\_\_\_\_ \$ \_\_\_\_\_

**Arena / venue rental** \$ \_\_\_\_\_

#### Instructors fees

Mounted lessons \$ \_\_\_\_\_

Stable Management lessons \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**Event expenses** (give short description of clinics and or shows)

CAMP \_\_\_\_\_ \$ \_\_\_\_\_

CLINICS \_\_\_\_\_ \$ \_\_\_\_\_

SHOWS \_\_\_\_\_ \$ \_\_\_\_\_

OTHER (banquet etc.) \_\_\_\_\_ \$ \_\_\_\_\_

#### Testing costs

REGIONAL TEST \$ \_\_\_\_\_

BRANCH TEST \$ \_\_\_\_\_

**Supplies** (pins, badges etc.) \$ \_\_\_\_\_

#### Other

Bank charges \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES (Line B)** \$ \_\_\_\_\_



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### Statement of funds

**BALANCE AT BEGINNING OF PERIOD:** \$ \_\_\_\_\_ (all bank accounts combined)

**CURRENT YEAR:** REVENUE (LINE A) \$ \_\_\_\_\_

EXPENSES (LINE B) \$ \_\_\_\_\_

LINE A MINUS LINE B \$ \_\_\_\_\_

**BALANCE AT THE END OF PERIOD:** \$ \_\_\_\_\_ (should be identical to the sum of the last bank statements)

### Branch Assets.

Please name any equipment, supplies, etc. that the branch owns:

Asset: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Asset: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Asset: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Asset: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Asset: \_\_\_\_\_ Estimated Value: \_\_\_\_\_

Include the last statement from all your accounts for this period in your report.

I believe that these Financial Statements accurately represent the transactions in this period.

Prepared by: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_