## **EA Officials Course Entry Form**

EQUESTRIAN AUSTRALIA

Equestrian Australia ABN: 19077455755 PO Box 673 Sydney Markets NSW 2129

Website: <a href="http://www.equestrian.org.au/">http://www.equestrian.org.au/</a> Email: <a href="mailto:whitney.chapple@equestrian.org.au/">whitney.chapple@equestrian.org.au/</a>

Fax: 02 9763 2466

## **STEWARDS**

Upon payment this form acts as a TAX INVOICE for GST purposes

Please complete this form with payment details to Pathways Administrator at the EA National Office.

Deadline for return to EA is 2 weeks prior to the course, payments will not be banked until acceptances have been advised 1 week prior to the course.

All cancellation requests must be made in writing to Pathways Manager (Officials) at the EA National Office.

| Course Details:  |   |           |                       |              |  |
|--|---|-----------|-----------------------|--------------|--|
| Medication Control Stewards Course   |   |           |                       |              |  |
| Date: 3 February, 2018   |   |           |                       |              |  |
| Venue:   | 280 Branch Road, Lara, VIC 3212   |           |                       |              |  |
| Cost:  | \$50.00 (Maintain/Refresher/Observer)   | \$10      | 00.00 (New Promotion) |              |  |
| Course<br>Director:  | Dr Cate Plummer (EA NMCO)   |           |                       |              |  |
|  | Theory and practical for all candidates. Please wear comfortable clothing and closed shoes. |           |                       |              |  |
|  | 3 <sup>rd</sup> February: 9.00am start, estimated 4.30pm finish                             |           |                       |              |  |
|  | Includes:   |           |                       |              |  |
|  | - Certificate of Attendance   |           |                       |              |  |
| Details:   | - National Steward Certificate (New Promotions)   |           |                       |              |  |
|  | - Course content  |           |                       |              |  |
|  | - Morning tea, afternoon tea and lunch  |           |                       |              |  |
|  |   |           |                       |              |  |
|  |   |           |                       |              |  |
|  |   |           |                       |              |  |
| Personal Details:  |   |           |                       |              |  |
| Name:  |   |           | EA Member No.:        |              |  |
| Street Address:  |   |           |                       |              |  |
| Suburb: State  |   | ate:      | Po                    | stcode:      |  |
| Email:   |   |           |                       |              |  |
| Mobile:  | bile: Teleph  |           | hone:                 |              |  |
| Dietary Concerns:  |   |           |                       |              |  |
| STATUS OF THE PARTICIPANT (SELECT AN ACCREDITATION AND A DISCIPLINE):  |   |           |                       |              |  |
| ☐ Steward  | (General)   | ☐ Dressa  | ge                    | □ Vaulting   |  |
| ☐ Steward (Medication Control)   |   | ☐ Eventir | ng                    | ☐ Endurance  |  |
| ☐ Course Observer  |   |           | ng                    | ☐ Show Horse |  |
| PAYMENT DETAILS (PLEASE TICK YOUR PAYMENT METHOD):   |   |           |                       |              |  |
| ☐ Cheque: payable to 'Equestrian Australia', posted to PO Box 673, Sydney Markets, NSW 2129  |   |           |                       |              |  |
| ☐ Direct Deposit: Bank: Westpac BSB: 032326 Account No: 108042 Account Name: Equestrian Australia  |   |           |                       |              |  |
| Please print the direct deposit transaction receipt and attach to this completed form and post, fax or email to the EA National Office with this form.  □ Credit/Debit Card: □ Visa □ Mastercard |   |           |                       |              |  |
| Credity Debit Card. D visa D iviastercard  |   |           |                       |              |  |
| Card No: Signature:  |   |           |                       |              |  |
| _  |   |           |                       |              |  |
| Name on Card: Expiry Date://   |   |           |                       |              |  |
| Ivanie on Caru Expiry Date   |   |           |                       |              |  |