## **EA Officials Course Entry Form**

EQUESTRIAN AUSTRALIA Organiser: Equestrian South Australia ABN:

Website: http://www.equestrian.org.au Email: registrar@equestriansa.com.au Fax: 08 8391 0488 www.equestrian.org.au

## JUDGES

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

Please complete this form with payment details to **Registrar** at the ESA Branch 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:						
Jumping Judges, EA L1,2,3 Refresher and L2 Promotion						
Date:	Saturday 30 <sup>th</sup> June 2018					
Venue:	Building 10, 2 Cameron Road Mt Barker, South Australia					
Cost:	\$40.00 (Maintain/Refresher) \$60.00 (New Promotion)					
Course	Mrs Jan Golding, Judge FEI L3 and Steward FEI L3					
Director:	Assisted by Mrs Sue Ryan, Judge FEI L3					
	Refresher for all Jumping Judge Levels, with extra Seminar component for those wishing for promot					
	to EA Level Two (Note further judging requirements must also be met before accreditation achieved) Start: 9:.00am to 4.00pm					
D. 1. 11.	Includes:					
Details:	<ul> <li>Certificate of participation/attendance</li> <li>Course content</li> <li>Light Refreshments</li> </ul>					
	Eight Neiresiments					
PE	RSONAL DETAILS:					
Name:			EA Member No.:			
Street Addr	ress:					
Suburb:	St	ate:	Po	ostcode:		
Email:						
Mobile:	Te	elephone:	hone:			
Dietary Concerns:						
STATUS OF THE PARTICIPANT (SELECT AN ACCREDITATION AND A DISCIPLINE):						
□ Judge	(	☐ Dressag		□ Vaulting		
☐ Course Ol	bserver	☐ Eventin	ng	☐ Endurance		
□ NEW	□ EA Level 1 □ EA Level 2 □ EA Level	3 ☐ Jumpin	g	☐ Show Horse		
РА	YMENT DETAILS (PLEASE TICK YOUR	R PAYMENT	METHOD):			
PAYMENT DETAILS (PLEASE TICK YOUR PAYMENT METHOD):  Cheque: payable to 'Equestrian South Australia'						
☐ Credit/Debit Card: ☐ Visa ☐ Mastercard						
Card No: Signature:						
Card No: Signature:						
Name on C	ard:	CVV:	Expiry D	ate:/		

CANDIDATE NAME:							
FUNCTIONS FULFILLED IN CURRENT AND PRECEDING YEARS:							
Date	Event Venue	Discipline	Function				
	1						