## **EA NOAS 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 Steward Course & Update								
Date:	16 - 17/6/2017							
Venue:	Sydney International Equestrian Centre (SIEC)							
Cost:	□ \$50.00 (Maintain/Refresher) □ \$100.00 (New Candidate)							
Course Director:	Cate Plummer (NMCO)							
	Friday 16th June: Theory, 12.00pm to 4. Saturday 17th June: Practical	.00pm.						
Details:	Includes: - Certificate of participation/attendance - EA Stewards Vest on accreditation - Course content - Morning tea, afternoon tea and lunch							
Personal Details:								
Name:		EA Member No.:						
Street Address:								
Suburb:		State	<b>!:</b>		Postcode:			
Email:								
Mobile:	: Telephone:							
Dietary Concerns:								
STATUS OF THE PARTICIPANT (SELECT AN ACCREDITATION AND A DISCIPLINE):								
☐ Steward (General)			□ Dressage		□ Vaulting			
☐ Steward (Medication Control)			☐ Eventing		☐ Endurance			
☐ Course Observer			□ Jumping		☐ 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: <b>Bank</b> : Westpac <b>BSB</b> : 032326 <b>Account No</b> : 108042 <b>Account Name</b> : 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								
Card No: _	Card No:							
Name on Ca	ard:		CVV:	Expir	y Date:/			

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