| | APPLICATION TO RECEIVE EXPRESS PERMISSION FO | | | SION FOR |
|--|--|-----------------------|-----------------------|-------------|
| EVENTING AUSTRALIA | | | | |
| | | Coach's | | |
| Rider's Name: | | Name: | | |
| EA Mambarshin No | | | | |
| EA Membership No. | | | Date of | |
| FEI Membership No. | | | Birth: | |
| Address: | | | | |
| Audiess. | | | | |
| - | | Posto | ode: | |
| Mobile No: | | | | |
| E-mail address: | | | | |
| L-man audress: | | | | |
| Horse Name: | | llaa | - FELNIS | |
| Horses EA No: | | Horse | es FEI No: | |
| Level of | | | | |
| competition: | | | | |
| If you are using a | | | | |
| If you are using a pony club result as | | | | |
| an MER, please list details here | | | | |
| including the name | | | | |
| and date of the | | | | |
| event and your result: | | | | |
| | | | | |
| I hereby make my app | lication to be conside | ered for express perr | mission to compete in | າ: |
| | | | | |
| (insert level of competit | tion 2* or 3*) | | | |
| And if given permission | n, agree to abide by | the rules and regulat | ions of the competiti | on and E.A. |
| | | | | |
| SIGNED: | | | DATE: | |

This form is to be completed and returned to: Your **State Eventing Committee** and then the SDC to forward to: <u>Caiwen.Cusworth@equestrian.org.au</u>