	APPLICATION TO RECEIVE EXPRESS PERMISSION FO			SION FOR
EVENTING AUSTRALIA				
		Coach's		
Rider's Name:		Name:		
EA Membership No.			Date of	
FEI Membership No.			Birth:	
Address			,	
Address:				
Ţ		Postc	ode:	
Mobile No:				
E-mail address:				
Horse Name:				
Horses EA No:		Horse	es FEI No:	
		l l		
Level of competition:				
competition.				
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:				
resuit:				
I hereby make my app	lication to be conside	red for express perr	mission to compete in	 า:
(insert level of competit	 tion 2* or 3*)			
And if given permission	n agroo to ahida hu +	ho rules and regulat	ions of the competiti	ion and E A
And if given permission	n, agree to ablue by th	ne ruies and regulat	ions of the competiti	UII allu E.A.
SIGNED:			DATE:	

This form is to be completed and returned to: Your **State Eventing Committee** and then the SDC to forward to: reporting@equestrian.org.au & the Chair of the EA Eventing Committee.