

MARKING OF THEORY PAPERS CLAIM FORM



o: CHAI	IR, SDA JUI	DGES SUB COM		FTEE Please Indicate corresponding State				
1	NSW	NT	QLD	SA	TAS	VIC	WA	
hereby claim	n the follov	ving payment/s	for the marking	g of theory pape	ers:			
Name:								
Address:								
	State:			PostCode:				
Bank BSB:								
Bank Acco	unt No:							
Name of A	Account:							
Pay Direct	to Bank	Account:		□YES		□no		
		·	\$30 per candi	.		ı		
Name of C	Candidate	e/s:		Level of	el of Theory Exam Amount Claimed		nt Claimed	
						\$		
						\$		
						\$		
						\$		
						\$		
						٧ ا		
Total Amount this Claim:						\$		
Signature of Claimant					 Date			
Officials Co	ommittee	Addresses:						

SDA

NSW	Julie Jones	tennysondale@bigpond.com		
NT	Christine Edgoose	dressage@ent.org.au		
QLD	Maria Schwennesen	mariaschwennesen@gmail.com		
SA	Equestrian SA	accounts@equestriansa.com.au		
TAS	Judy Atkinson	clearviewgardens2@bigpond.com		
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