



**MENTOR CLAIM FORM
SHADOW JUDGING &
TUTORING/MENTORING**
(Effective 1/1/24)



To: CHAIR, SDA JUDGES SUB COMMITTEE
NSW NT QLD SA TAS VIC WA (*circle*)

I hereby claim the following payment/s for services rendered:

Name:			
Address:			
	State:	P/Code:	
BSB:			
Bank Account No:			
Account Name:			

Conducting Shadow Judging @ \$30 per candidate

Date	Location	Name of Candidate	Level of S/Judging e.g. 3.	No of Horses	Amount Claimed

Conducting Tutoring/Mentoring @ \$30 per candidate (Max 2)

Date	Location	Name of Candidate	Level of Tutoring / Mentoring e.g. 3.	No of Horses	Amount Claimed

Total Amount this Claim	\$
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Signature of Claimant

Date

Officials Committee Addresses:

NSW	Julie Jones	tennysondale@bigpond.com
NT	Melanie Cobbin	melaniecobbin@gmail.com
QLD	Anita Barton	dressageqld@equestrianqld.com.au
SA	Equestrian SA	accounts@equestriansa.com.au
TAS	Judy Atkinson	clearviewgardens2@bigpond.com
VIC	Judith Li	judithli@equestrianvictoria.com.au
WA	Elaine Greene	elaine_greene@westnet.com.au

Please note: This form must be completed and forwarded ASAP