MENTOR CLAIM FORM
SHADOW JUDGING & TUTORING/MENTORING
(Effective 1/12/26)

To: CHAIR, SDA JUDGES SUB COMMITTEE

Please Indicate corresponding State

NSW	NT	QLD	SA	TAS	VIC	WA
☐	☐	☐	☐	☐	☐	☐

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

Name:		
Address:		
	State:	**Post 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	**$**

Signature of Claimant _____ **Date** _____

Officials Committee Addresses:

NSW	Ann-Maree Lourey	byalee@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
VIC	Jamison Ahren	jamisonahrens@equestrianvictoria.com.au
WA	Elaine Greene	elaine_greene@westnet.com.au

Please note: This form must be completed and forwarded ASAP

Updated 21/2/26