



## CALENDAR APPLICATION FORM 2024

Event Details	
Name of Event:	
Venue Location:	
Competition Start Date:	
Competition End Date:	
Name of Organising Committee:	
Category of Events: (inclusive of star rating and all classes required)	

Expression of Interest - SA Eventing Championships naming rights	
Would you like this event to be considered for the SA Eventing Championships?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Contact Details – for all correspondence	
Contact Name:	
Contact Address:	
Contact Phone Number:	
Contact Email Address:	

Details for the EA online calendar:	
Event website:	
Any relevant links:	
Date of close of entries:	
Entries made via (link):	
Other classes on offer:	
Logo supplied:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please send your Proposed Calendar Applications as soon as possible to: [eventing@equestrainsa.com.au](mailto:eventing@equestrainsa.com.au)