EA Officials Course Entry Form

EQUESTRIAN AUSTRALIA

Equestrian Australia ABN: 19077455755 PO Box 673 Sydney Markets NSW 2129

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Fax: 02 9763 2466

STEWARDS

Upon payment this form acts as a TAX INVOICE for GST purposes

Course Details:

Please complete this form with payment details to Pathways Administrator at the EA National Office.

Deadline for return to EA is 2 weeks prior to the course, payments will not be banked until acceptances have been advised 1 week prior to the course.

All cancellation requests must be made in writing to Pathways Manager (Officials) at the EA National Office.

EA Stewards Course (General & Medication Control)					
Date:	24 – 25 February, 2018				
Venue:	Oakbank Racing Club Inc 46 Oakwood Road, Oakbank SA 5243				
Cost:	\$50.00 (Maintain/Refresher/Observer)	aintain/Refresher/Observer) \$100.00 (New Promotion)			
Course	Dr Cate Plummer (EA NMCO) – Medication Control Stewards				
Director:	Chris Wallis (EA Steward General) – General Stewards				
Details:	24th Feb: Theory, 9am - 4pmwith the Officials Forum				
	25th Feb: Practical, 9am start, half day				
	Includes:				
	- Certificate of Attendance				
	- EA Stewards Vest on accreditation (New Promotions)				
	- National Steward Certificate (New Promotions)				
	- Course content				
	- Morning tea, afternoon tea and lunch				
Personal Details:					
Name:					
Street Address:					
Suburb: S		State:		Postcode:	
Email:					
Mobile:			lephone:		
Dietary Concerns:					
STATUS OF THE PARTICIPANT (SELECT AN ACCREDITATION AND A DISCIPLINE):					
☐ Steward (General)			ressage	□ Vaulting	
☐ Steward (Medication Control)			venting	☐ Endurance	
☐ Course Observer			umping	☐ Show Horse	
PAYMENT DETAILS (PLEASE TICK YOUR PAYMENT METHOD):					
☐ Cheque: payable to 'Equestrian Australia', posted to PO Box 673, Sydney Markets, NSW 2129					
☐ Direct Deposit: Bank: Westpac BSB: 032326 Account No: 108042 Account Name: Equestrian Australia					
Please print the direct deposit transaction receipt and attach to this completed form and post, fax or email to the EA National Office with this form.					
☐ Credit/Debit Card: ☐ Visa ☐ Mastercard					
Card No: Signature:					
Name on Card: Expiry Date://					
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