**ESA Officials Course Entry Form**[](https://www.sa.equestrian.org.au/jumping/)

**JUDGES**

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

Please complete this form with payment details to **Registrar** at the ESA Branch Office.

**Organiser: Equestrian South Australia**

**ABN: 82278539230**

Website:

[www.sa.equestrian.org.au](http://www.sa.equestrian.org.au)

Email: reception@equestriansa.com.au

Office: 08 8391 0488

Jackie: 0429 496 889

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 via email to the **ESA Office.**

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| COURSE DETAILS: | | |
| **Jumping Judges, EA L1, 2, 3 Refresher and L1 Promotion** | | |
| **Date:** | Saturday 8th- Sunday 9th February, 2020 | |
| **Venue:** | Building 10, 2 Cameron Road Mt Barker, South Australia | |
| **Cost:** | $40.00 (Maintain/Refresher) | $60.00 (New Promotion) |
| **Course**  **Director:** | Mrs Sue Ryan, Judge EA L3, Judge FEI L3 | |
| **Details:** | Refresher for all Jumping Judge Levels, with extra Seminar component for those wishing for promotion to EA Level Two (Note further judging requirements must also be met before accreditation achieved). Start: 9:.00am to 4.00pm  Includes:   * Certificate of participation/attendance * Course content * Light Refreshments | |

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| PERSONAL DETAILS: | | | |
| Name: | | EA Member No.: | |
| Street Address: | | | |
| Suburb: | State: | | Postcode: |
| Email: | | | |
| Mobile: | Telephone: | | |
| Dietary Concerns: | | | |

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| STATUS OF THE PARTICIPANT (SELECT AN ACCREDITATION AND A DISCIPLINE): | | |
|  Judge |  Dressage |  Vaulting |
|  Course Observer |  Eventing |  Endurance |
|  NEW  EA Level 1  EA Level 2  EA Level 3 |  Jumping |  Show Horse |

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| PAYMENT DETAILS (PLEASE TICK YOUR PAYMENT METHOD ): |
|  Cheque: payable to ‘Equestrian South Australia’ |
|  Credit/Debit Card:  Visa  Mastercard  **Card No: Signature: ………………………………………….…..**  **Name on Card: ……………………………………………………………………. CVV: ….…………... Expiry Date: ……………… /……………….** |

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| CANDIDATE NAME: | | | | |
|  | FUNCTIONS FULFILLED IN CURRENT AND PRECEDING YEARS: | | | |
| **Date** | | **Event Venue** | **Discipline** | **Function** |
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