

EQ NOAS Course Entry Form

STEWARDS

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



Please complete this form with payment details to **Sport Development Officer (HP, Education & MCP)** at the Equestrian Queensland Office, email: ncas@equestrianqld.com.au or fax to 3891 30 88. Registrations due **COB Monday 7 August**.

All cancellation requests must be made in writing to **Sport Development Officer (HP, Education & MCP)**.

COURSE DETAILS:	
Steward Course & Update	
Date:	August 11 & 12, 2017
Venue:	Caboolture, alongside World Cup event
Cost:	<input type="checkbox"/> \$25.00 (Maintain/Refresher) <input type="checkbox"/> \$50.00 (New Candidate)
	<i>Equestrian Queensland has subsidised the costs of this steward course through the EQ Sport Development Funding Program for 2017.</i>
Course Director:	Bronwyn Hew (FEI L2 Jumping Steward, FEI L2 Eventing Steward, FEI L1 Reining Steward, FEI L1 Para-Equestrian Steward, EA Medication Control Steward)
Details:	Friday 11 th August: General Steward Theory, ORBT and Practical, 8.30am to 4.00pm. Saturday 12 th August: Jumping Steward specific, Theory, ORBT and Practical 8.30am to 4.00pm. Includes: <ul style="list-style-type: none"> - Certificate of participation/attendance - EA Stewards Vest on accreditation (NEW) - Course content - Morning tea, afternoon tea and light lunch

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

STATUS OF THE PARTICIPANT (SELECT AN ACCREDITATION AND A DISCIPLINE):		
<input type="checkbox"/> Steward (General)	<input type="checkbox"/> Dressage	<input type="checkbox"/> Vaulting
<input type="checkbox"/> Steward (Medication Control)	<input type="checkbox"/> Eventing	<input type="checkbox"/> Endurance
<input type="checkbox"/> Course Observer	<input type="checkbox"/> Jumping	<input type="checkbox"/> Show Horse

PAYMENT DETAILS (PLEASE TICK YOUR PAYMENT METHOD):	
<input type="checkbox"/> Cheque: payable to 'Equestrian Queensland', posted to PO Box 1358 COORPAROO DC Q 4151	
<input type="checkbox"/> Credit/Debit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Card No: _____	Signature:
Name on Card: CVV: Expiry Date: /	

CANDIDATE NAME:

FUNCTIONS FULFILLED IN CURRENT AND PRECEDING YEARS:

Date	Event Venue	Discipline	Function