

This application form is for EQ Sport Committees Officials Development

1. EQ SPORT COMMITTEE (Discipline)

2. POSTAL ADDRESS

What is the postal address of your organisation? (Include suburb/town, state and postcode. If the same as street address please write "as above".)

3. CLINIC/WORKSHOP DATE AND VENUE

Date:	Venue:
Presenter:	
Course Details:	
Does this course carry EA/FEI Approved status? YES NO Other:	

4. CLINIC/WORKSHOP COORDINATOR DETAILS

Provide the name of the contact officer responsible for this application and the relevant contact details – NOTE: All email communication is sent to the email address specified below.

Title	(Mr/Mrs/Ms)	First Name		Surname	
Phone		Mobile		Discipline	
Email	@				

5. PARTICIPANT

Please provide the expected number of participants

EA members	<input style="width: 100%; height: 20px;" type="text"/>
Other	<input style="width: 100%; height: 20px;" type="text"/>

