

JUMPING QUEENSLAND SQUAD NOMINATION FORM 2015

I, the undersigned, wish to nominate for inclusion in the Jumping Queensland (please circle below)

ELITE SQUAD		DEVELOPMENT SQUAD		JUNIOR/YOUN	G RIDER SQUAD
Name		Da	te of Birth		
Adduses					
Address			N. d. a. l. al. a. N. a.		
EQ Membership No.			Mobile No.		
Email					
Nominated Ist Horse	<u> </u>		EA/EO regis	tration No	
Owner of Horse		EA/EQ registration No. EA/EQ registration No.			
Level currently completing			LAYLQ TEGIS	tration No.	
Nominated 2 nd Horse			EA/EQ regis	tration No	
Owner of Horse			EA/EQ regis		
Level currently completing			Li y LQ Tegis	tration ivo.	
Nominated 3 rd Hors			EA/EQ regist	tration No.	
Owner of Horse			EA/EQ regis		
Level currently com	pleting		, , ,	l .	
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Please provide you	r best per	formances/achievements (fo	r the period 01	/01/14 - 31/12	/14)
Horse		Competition (include date,	venue, height	& level)	Place

OTHER INFORMATION

Coaching: Please give details of your regular instructor, how often you have coaching as well as list any clinics you have attended over the past 12 months as a rider and/or spectator.

Who is your regular Instru						
How often do you train	with this instructor?					
List clinics you have atte	anded as a rider					
List clinics you have atte	chided as a fider					
List clinics you have atte	ended as an observer					
Goals: Please give details of your equestrian aims (short term – over the next year, mid-term – over the next 5 years						
Short term goals						
Mid-term goals						
Your contribution to Jumping: Please list the ways that you have contributed to jumping over the past year						
How have you						
contributed to your						
sport						
Signed:		Date:				



ALL APPLICATIONS MUST BE RECEIVED BY 16 MARCH 2015

Please return your application form to Robert Goodwin:

Email: robert@warregowarmbloodstud.com