EA NOAS Course Entry Form

COURSE DETAILS:

EQUESTRIAN AUSTRALIA

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

Website: http://www.equestrian.org.au/ Email: whitney.chapple@equestrian.org.au/

Fax: 02 9763 2466

STEWARDS

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

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

Deadline for return to EA is 4 weeks prior to the course, when payments will not be banked.

All cancellation requests must be made in writing to **Pathways Manager (Officials)** at the EA National Office. No payment will be made for cancellations made in the week prior. An administration fee will be collected on all other cancellations.

National Stewards Course (Promotion & Refresher)							
Date: 5 th & 6 th October, 2017							
Venue:	Education & Stable Admin, AELEC, Tamworth, NSW						
Cost:	\$70.00 (Refresher) \$100.00 (Pron		(Promotion)	motion) \$40.00 (Observer)			
Course	Chris Wallis (Generic/Eventing)		Assistants:	Andrea Webb			
Director:				TBA (Dressage			
Details:	Generic Stewards Course on Day 1, Practical Session and Discipline Specific Course on Day 2. 9.00 am start both days. Course Outcomes for Refreshers & Promotions: - Certificate of Attendance - EA Stewards Vest (New Promotions)						
	 National Steward Certificate Course Material Refreshments 						
PERSONAL DETAILS: Name: EA Member No.:							
Street Address:							
Suburb:		Sta	State:		Postcode:		
Email:							
Mobile: Tele			ephone:				
Dietary Con	cerns:	1					
STATUS OF THE PARTICIPANT (SELECT AN ACCREDITATION AND A DISCIPLINE):							
☐ Steward (General)			□ Dressage		☐ Driving		
☐ Steward (Medication Control)			☐ Eventing		□ Jumping		
☐ Course Observer							
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: _	Card No: Signature:						
Name on Ca	ard:		CVV:	Expiry	Date:/		

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