



Equestrian Victoria

ABN 19 077 455 755

www.vic.equestrian.org.au

400 Epsom Rd, Flemington, 3031
Vic 3030

Nomination for Election to the Dressage Victoria Amateur Owner/Rider Sub-Committee

I, _____ of _____
(Full Name) (Address)

(Address)

(Telephone) (E-mail Address)

(EV Member No.)

wish to nominate for a position on the

Dressage Victoria Amateur Owner/Rider Sub-Committee

Signed _____

Date _____

Declaration

I have read the Position Description for the AOR Sub-committee and understand the commitment in time and contribution I will be expected to make.

Signed _____ Date: _____

Please complete and return this form to the EV Dressage Coordinator:
EV Office 400 Epsom Rd, Flemington
Email: dressage@equestrianvictoria.com.au

Résumé Template (for hand-writing or typing)

for use by **Nominees** for the **Elections to the DV AOR Sub-Committee**

Full Name			
Address			
			Postcode:
Date of Birth			
Tel. No.			
Mobile		E-mail	

“Sport Governance” Skills and Experience	
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Sport Knowledge and Involvement	
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Business and Related Skills and Experience	
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How much time are you willing to dedicate to Committee duties? (E.g. Review of the Board manual; participation in projects; etc.)	(Average hours per week)
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Other Relevant Information	
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Date:	Signature:
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