FEI Stewards Entry Form

FEI COURSE FOR EVENTING STEWARDS

Course Details:

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

PO Box 673 Sydney Markets NSW 2129 Website: http://www.equestrian.org.au/

Equestrian Australia

ABN: 19077455755

Email: amy.mcgregor@equestrian.org.au

Fax: 02 9763 2466

Please complete this form with payment details to Pathways Administrator at the EA National Office. Deadline for return of this form to EA 28th February 2019 Partial refunds will only be granted in extenuating circumstances.

All cancellation requests must be made in writing to Pathways Officials at the EA National Office.

FEI – EVENTING – Stewards				
Date:	25 th – 28 th April 2019			
Venue:	Sydney International Equestrian Centre, Saxony Road, Horsley Park, NSW 2175			
Cost:	\$300.00			
Course Director:	Philine Ganders-Meyer GER		Co-Director – Chri	stine Wallis AUS
Details:	 This course is for National and Level 1 Stewards for promotion. Level 1 and 2 for continuing education Programme and Timetable will be confirmed closer to the date of the course. Participants are required to take their up to date Rule Book, Memorandum and current Passport Photo with them. Participants will be responsible for their own transport, accommodation and meals outside of the course Course fees include training resources, morning tea, lunch and afternoon tea. 			
Personal Details:				
Name:				
Street Address:				
Suburb:		State:		Postcode:
Email:				
Mobile:		Telephone:		
EA Member No:		FEI Member No:		
Dietary Concerns:				
STATUS OF THE PARTICIPANT (SELECT AN ACCREDITATION AND LEVEL):				
□ Steward				
□ FEI 1* □ FEI 2*			□ FEI 3*	
□ Other				
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: _				
Name on Card: Expiry Date://				