

Equestrian NSW



Equestrian NSW (ABN 17 157 619 696) and Equestrian Australia (ABN 19 077 455 755) PO Box 7077, Wetherill Park BC NSW 2164

Ph: 02 9620 2660 Email: info@ensw.org.au Website: www.nsw.equestrian.org.au

This form becomes a Tax Invoice on payment. Please copy for your records

Sport Affiliate - School Application Form 2023 - 2024

School Details	s (required	l fields)				
School name				New/renewing	o New	o Renewing
EA Affiliation no			Affiliation period			
Street address				,,		
State				Post code		
Postal address	s					
State				Post code		
Contact number				Fax number		
Email address	,					
Website addre	ess					
	act Details	<u>s (</u> required fields)			1	
Name				Position		
email					_	
Phone (w)				Phone (m)		
Pri	mary	InterschoolDressage	VaultingShow Horse	 EA Education Programs 	o Lessons	
	THE TOTAL	<u>Act</u>	tivity Details (r			
			_			τ
	mary ivity	Jumping	General Ridin	_	o Other:	
act	ivity	Eventing	o Trail/social rio			
 Proof of Risk Ma 	page form, f Current Ins inagement F	copies of the below surance – supplied e Policy – supplied elec	electronically ctronically	as part of the affiliation	.,	te Branch office
Affiliation Ackno	wledgemen	nt				
			f Equestrian Aust	tralia (EA), Equestria	n New South W	ales (ENSW) and
	•	•	•	NSW and all decision		•
South Wales.	and by the	naies and negalati	10113 01 1 21, 21, 21	NSVV dira dir decision	13 of the board t	/ Equestrian New
We enclose ou	r affiliation	fee of \$				
Principal Signature: Sig				nature:		
Data: /	1		Date	. / /		



** PLEASE ENSURE ALL DETAILS ARE COMPLETED **



PLEASE NOTE: If you have taken out Club Insurance with the EA Affiliated Clubs Insurance Programme, you must keep your Club Affiliation current for the insurance to be valid.

Please note however that affiliation is subject to approval and is ONLY finalised upon successful payment of the appropriate fee. The Equestrian NSW affiliation year runs from the 1 July to 30 June, new schools joining during the year will accept that their membership will be due on 1 July.

TOTAL PAID:

Office Use Only:					
Date received:	Receipt No:				