



**ESNZ Eventing Board Member – Rider Representative
Nomination Form**

I.....(name)

ESNZ Membership #.....

nominate

.....(name)

to be the Elected Member – Rider Representative of the ESNZ Eventing Board

Dated

.....
Signature of nominator

.....
Signature of nominee

**Please email to Eventing Sport Manager by 5pm, 5th April 2025
eventing@nzequestiran.org.nz**

No late nominations will be accepted



**ESNZ Eventing Board Member Riders Representative
Statement of Motivation**

NAME:

MEMBERSHIP #:

ADDRESS:

MOBILE #:

EMAIL:

Your motivation for this role:

Your Event Rider experience:

Your Governance / Leadership experience relevant to this role:

Your relevant skills and strengths you would bring to the Board:

Any further comments: