



Area

G – LEVEL EXPRESSION OF INTEREST FORM

Name:	Date of Birth:	
Address:		
Suburb:	State:	Post Code:
Tel:	Mobile:	
Email:	ESNZ Membership No:	

Do you have a hard copy of the current DNZ Dressage Competition Rules & Procedures including all amendments?		YES <input type="checkbox"/>
		NO <input type="checkbox"/>
Dressage Judging Experience:	Experience as a Rider:	
	As a Coach:	
	As a Writer/Penciller:	
Dressage Seminars, Workshops or Instruction Schools attended:	Name of Instructor:	
	As a Rider:	
	As an Observer:	
Any other Relevant Information:		



G – LEVEL EXPRESSION OF INTEREST FORM CONTINUED

Candidate Signature: _____ Date: _____

Send to: Your Area Judges Officer

On receipt of this application, your Area Judges Officer will provide you with more information and once you have confirmed that you wish to continue, will send out an open rule book test (ORBT) for you to complete.

A brief CV of the applicant riding and competition history to be included

AJO Name :.....

AJO Signature

AJO Area:.....

Date:.....

Comments: