

# G Level Expression of Interest Form

|         |               |                     |
|---------|---------------|---------------------|
| Name    | Date of birth | Area / Area Group   |
| Address | Suburb        |                     |
| City    | Postcode      | ESNZ membership no. |
| Mobile  | Email         |                     |

Please outline your dressage experience:

As a rider

As a coach

As a writer

Please outline the dressage seminars, workshops or clinics attended:

Name of presenter                      Rider / Observer (circle one)

Name of presenter                      Rider / Observer (circle one)

Name of presenter                      Rider / Observer (circle one)

Any other relevant information:

Candidate signature

Date

AJO name & area & signature

Date