# Eventing-C-colour-rgb

**Eventing Technical Advisory Group Application**

I would like to be considered for appointment to the ESNZ Eventing Technical Advisory Group.

|  |  |
| --- | --- |
| NAME: |  |
| ROLE: |  |
| MEMBERSHIP #: |  |
| ADDRESS: |  |
| MOBILE NO#: |  |
| EMAIL: |  |

Current ESNZ Eventing Official Listing and/or Role(s) within the Sport.

|  |
| --- |
|  |
|  |
|  |
|  |

Your sport experience that is relevant to the role;

|  |
| --- |
|  |
|  |
|  |
|  |

Your motivation for the role;

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

Any further comments;

|  |
| --- |
|  |
|  |
|  |
|  |