**JUMPING N.S.W. Inc.**

# APPLICATION

# to Host a

## SHOWJUMPING COURSE DESIGNER CLINIC

This application form is for JNSW Affiliated clubs to apply to host a Jumping Course Design clinic.

If the club is successful the following conditions must be met.

* The Jumping NSW will pay for the Presenters fees and travel.
* The club must pay for the presenter’s accommodation and meals.
* A minimum of 8 people must attend, there is no maximum.
* A list of attendees must be returned to JNSW Secretary within 7 days of the clinic.
* The club can collect a fee from the participants to help with associated costs. Suggested amount:
* **JNSW Members: $25 EA and PCANSW members $40**

Name of Club: ……………………………………………………………….

Contact for the club:…………………………………………………………

Email and Phone number:………………………………………………….

Date of Clinic:………………………………………………………………..

Venue of Clinic:……………………………………………………………...

Venue Address:………………………………………………………………

JNSW will provide the presenter unless you have a preferred presenter from the Equestrian Australia’s list of Course Design presenters, this then must be discussed with JNSW:

The following must be provided:

* Conference room/classroom with tables and chairs.
* Electricity
* Overhead projector screen
* White Board
* Pens, rulers, paper.
* Catering available
* Heating or cooling in the room.
* Jumps. (this is to be discussed with the presenter)
* Assessment if attendees are eligible: (this must be discussed with the presenter)

**ABN: 50 890 419 366**

Roll of Participants in the JNSW Course Designers Clinic

Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Day 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presenter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name please print | Membership Level of Accreditation  (If applicable) |
| Eg.  Jo Smith | JNSW EA Level One |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Roll of Participants in the JNSW Course Designers Clinic

Club:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Day 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presenter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name please print | Membership Level of Accreditation  (If applicable) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |