

SASJ Learner Steward Application



Applicant Name:

This form is to be sent directly to the Provincial Jumping Committee for verification **with your attached logbooks or summary sheet/s of practical Record of Experience stewarding.**

Successful applications are forwarded by the Provincial Committee to the National Office to be added to national database.

SASJ Membership Number:

SAEF Membership Number:

Practical Experience	Venue and Date of Event		
Officiated at 6 x SASJ Events (min) as a Shadow Steward in the preceding three years	1 Date:	4 Date:	
	2 Date:	5 Date:	
	3 Date:	6 Date:	
Recommended by 3 x NAT (or higher) Chief Stewards	CS 1:	Event: Date:	
	CS 2:	Event: Date:	
	CS 3:	Event: Date:	
Learner Exam	Date:		
	Venue:		
	Result:		
Annual Officials Seminar Attendance	Date:	Date:	
	Location:	Location:	

Please provide the following details to SA Showjumping for your accreditation:

Name:		Date of Birth:
Address:		
Suburb:		
Province:		Post Code:
Tel:		Mobile:
E-Mail:		
Emergency Contact:		Mobile:
Medical Aid:	Yes	Name + Number:
	No	

SIGNED: _____

DATE: _____