

SASJ Provincial 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 per year (min) as a Learner Steward in the past year | 1 | 4 | |
| | Date: | Date: | |
| | 2 | 5 | |
| Date: | Date: | | |
| 3 | 6 | | |
| Date: | Date: | | |
| Assessed by 3 x FEI L1 (or higher) Chief Stewards (with recommendations for promotion) | CS 1: | Event: | |
| | | Date: | |
| | CS 2: | Event: | |
| | | Date: | |
| | CS 3: | Event: | |
| | | Date: | |
| Novice 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 | No | Name + Number: |
| | | | |

SIGNED: _____

DATE: _____