



OFFICIALS PROGRAM

NOMINATION REQUEST FOR FEI DRESSAGE STEWARD STATUS

Name: _____ EC #: _____

1. List EC Dressage Stewards clinics attended, including FEI Dressage Steward clinics:

Clinic Location: _____ Date: _____

Clinic Location: _____ Date: _____

Clinic Location: _____ Date: _____

2. List shows officiated as a Senior Dressage Steward in the past five (5) years:

Show: _____ Date: _____

Show: _____ Date: _____

Show: _____ Date: _____

Show: _____ Date: _____

Show: _____ Date: _____

Show: _____ Date: _____

Show: _____ Date: _____

Show: _____ Date: _____

3. List EC Dressage Stewards with whom you have worked: *(if more than one at a show, list the Chief Steward)*

Name: _____ Status: _____ Date: _____

Name: _____ Status: _____ Date: _____

Name: _____ Status: _____ Date: _____

4. Payment of Fees

Application Fee: **\$25.00**. Cheques payable to Equine Canada.

I enclose payment in the form of (circle one): Cheque Visa Master Card

Name on Credit Card: _____

Credit Card # _____ Exp. Date : _____ CV #: _____

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