

EQUESTRIAN QUALIFICATIONS AUTHORITY OF SOUTHERN AFRICA

PERMISSION FORM TO PUBLISH QUALIFICATIONS AND CONTACT DETAILS

I, ID/Passport Number:,
the undersigned, give permission herewith for EQASA (Equestrian Qualifications Authority of Southern Africa) to display or publish my Equestrian Qualification level on the following platforms:

EQASA Website under "Alumni List": Yes No

EQASA Facebook Page: Yes No

SAEF Platforms: Yes No

CONTACT DETAILS:

Cellular Phone:

Email Address:

Geographical Area eg Kyalami, Gauteng:

Area of Expertise: General Riding:

 Jumping:

 Dressage:

 Eventing:

 Equitation:

 Other:

EQASA Qualification Level:

EQASA EQ Number:

CEEPSA Number:

SIGNATURE: FULL NAME:

DATE:

Please email this form to: troy@emailbox.za.net

