Expression of Interest (EOI)
Clinic Application

VAULTING AUSTRALIA

1. Organising Committee Details

Organising Committee Name:	
Primary Contact Person:	
Email:	
Phone Number:	

2. Venue & Date

Venue Name:	
Venue Location (Address/Region):	
Proposed Date(s):	
Has the venue been booked? (Y/N):	

3. Clinic Details

Clinic Type (Tick all that apply):

☐ Vaulter Clinic

☐ Lunger Clinic

☐ Judge Clinic

☐ Coach Clinic

☐ Other (please specify): _____

Target Audience (e.g., beginners, elite vaulters):

Expected Number of Participants:

4. Clinicians

Have clinicians been booked? (Y/N): If yes, list names and qualifications:	

5. Additional Information

Any other details or requests relevant to your clinic:

Please submit this form to Denise Rutzou <denise.rutzou@equestrian.org.au>