



Australian Stock Horse  
SOCIETY

## ASHS ACCREDITED COACHES INSURANCE DECLARATION FORM

Name \_\_\_\_\_

Membership Number \_\_\_\_\_

Accreditation Level \_\_\_\_\_

Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Date of Event \_\_\_\_\_

I \_\_\_\_\_ declare that I am volunteering my services at the above event and will be charged a \$50 insurance activation fee by the ASHS.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### PAYMENT METHOD

Cheque    Money Order    **Credit Card:**    Visa    Mastercard    Bank Card

Credit Card No: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    Exp Date: \_\_\_\_/\_\_\_\_

Name on Credit Card: \_\_\_\_\_

**OFFICE USE ONLY** - Processed By

Name: \_\_\_\_\_    Date: \_\_\_\_\_

**THIS FORM MUST BE RECEIVED, COMPLETED, PRIOR TO EVENT**