Great Ocean Road Coast And Park Authority Horse Riding Application

Дррпса	CIOTI		
* indicates	s a required field		
Contact	: Details		
Applican Title	t * First Name	Last Name	
TICIC	riist Name	Last Name	
Phone No	umber *		
Must be an	Australian phone r	number.	
Email add	drece *		
Liliali au	uiess		
Must be an	email address.		
Your Add Address	lress *		
Address			
Addross Lir	oo 1 Suburb/Town	State/Province Post	code, and Country are required.
Address Lii	ie 1, Suburb/Town,	State/Flovilice, Fost	code, and country are required.
Horse R	iding Details		
_			
Type of u	use (ie. Recreat	ional) *	
Diagon note	e maximum time is	2 hours	
Please note	a maximum time is	2 nours	
Number	of horses *		
Frequenc	cy of use? (ie. O	nce Weekly, On	ce Monthly)
Location			
	Creek to Painkal	ac Creek, Fairhave	en
○ White	s Reach to Point I	mnossible Torqua	V

Horse Riding Application Form Preview

I am authorised to lodge this application. I understand the information requested on this form is being collected by the Great Ocean Road Coast And Parks Authority for the purpose of assessing my event and may be shared with LGA's where events are held, or other relevant agencies.

Privacy statement: The Great Ocean Road Coast and Parks Authority is committed to protecting all personal and sensitive information consistent with the principles set out in the Privacy and Data Protection Act 2014, and the Health Privacy Principles as set out in the Health Records Act, 2001. If you have any questions about the handling of your information, please email: info@GreatOceanRoadAuthority.vic.gov.au

Authorised	Person (ful	l name) *		