

ATTENDING AN EXTERNAL EVENT



GROUP INFORMATION:

GROUP NAME: _____ REGION: _____

GROUP EVENT ORGANISER/LEAD: _____

EVENT INFORMATION:

EVENT NAME: _____

DATE OF EVENT: _____ EVENT POST CODE: _____

EVENT ADDRESS: _____

NAME OF EVENT ORGANISER: _____ CONTACT NUMBER: _____

PLEASE TICK TO CONFIRM THAT YOU HAVE HAD SIGHT OF THE PUBLIC LIABILITY INSURANCE CERTIFICATE FOR THE EVENT DESCRIBED ABOVE:

HOW MUCH £s PL COVER IS ON THE CERTIFICATE? (min £5m) _____

NAME OF RDA COACH / DRIVING COACH ATTENDING THE EVENT: _____

(If the coach is an RDAGC or Driving Coach a Certificate of Competence will need to be signed by the Regional Coach or Driving Rep & must accompany this form when sent to the RDA National Office.)

NAMES OF RIDERS / DRIVERS ATTENDING THE EVENT

NAME OF RIDER/DRIVER	CLASS (incl. discipline)	NAME OF EQUINE

NAMES OF HELPERS ATTENDING THE EVENT:

PLEASE KEEP ORIGINAL FOR YOUR RECORDS

Please send a copy of this form, along with a completed risk assessment form for the event (and Certificate of Competence if required) to RDA National Office, 1a Tournament Court, Edgehill Drive, Warwick, CV34 6LG