## **CCHS PROPOSED EVENT FORM**

The purpose of this form is to ensure that events are recorded for Insurance purposes.

- Ensure all parts are completed.
- Send this original to CCHS Federal Secretary
- Keep a copy for own records

Date of submis	sion:	CCHS Branch:	
Contact Person	/s and Phone No's:	***************************************	***************************************
	••••••		
Name of propo	sed Event:		
Is this project a	"one off" event? $\Box$	or a program?	
Time Frame:	No. of sessions:	Length of sessions	5
	Start Date:	End Date:	***************************************
Venue:			
A copy of the h	ired venue's Public Liability Ins	surance has to be exchang	ed with one from the
CCHS Branch	organising the event. Please attac	ch copy once available.	
Is proposed Eve	ent restricted to members only?:	☐ Yes	□ No
Are persons bei	ing charged for the event?	☐ Yes	□ No
Where member	rs are competing in any events, In	ndemnity forms are to be	enforced by each State
Branch. (Form	to be uniform among the CCHS	Branches). Please retain	for records in conjunction
with this Event	•		
Where non mer	mbers are participating in an ever	nt a Casual Day Participa	tion form needs to be
completed and	payment of \$20.00 to be collected	ed. Please forward these f	orms along with payment
to the CCHS Fe	ederal Council Office. (Please re	etain a copy of these form	s for your branch records)
First Aid facilit	ies organised: □ Yes □ No	□ N/A Why?	•••••
Safety Represen	ntative/s nominated:		
• • • • • • • • • • • • • • • • • • • •			
Are other organ	nisations involved in this Event?	□Yes	□No
If yes, please de	escribe their involvement		
			***************************************

## **CCHS POST EVENT FORM**

## THE COMMONWEALTH CLYDESDALE HORSE SOCIETY FEDERAL COUNCIL PO BOX 1053, Bendigo, VIC 3552

<b>Event:</b>		***************************************		•••••		
<u>Held</u> :	• • • • • • • • • • • • • • • • • • • •	<u>Date:</u>	***************************************			
Planned event take place? Comments:		l Yes				
Planning appropriate? Comments:		] Yes		No		
Venue appropriate? Comments:		] Yes		No		
Attendance Numbers?				Horses:Spectators:		
Any recommendations for future events?						
Were any incidents reporte	ed at this event?	□ Yes	□ No	□ N/A		
Were details forwarded to Comments:	Federal Secretary?	□Yes	□ No	□ N/A		
When has/will the CCHS	Branch review/ed th	ne incident?	••••••			
Signature (Event Organise	r/Safety Officer)					