



COMMONWEALTH CLYDESDALE HORSE SOCIETY AUSTRALIA Inc.

Reg.No. A0019631A ABN 24 748 123 650

PO Box 1053 Bendigo Victoria 3552

Telephone: 03 5442 8890

Email: fedsec@clydesdalehorse.com.au

Website: www.clydesdalehorse.com.au

PROPOSED EVENT FORM

This form is to ensure that events are recorded for Public Liability Insurance Cover.

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

Date of submission: **CCHSA Branch:**

Contact Person/s and Phone Numbers:

Name of proposed Event:

Is this project a "one off" event? **or a program?**

Time Frame: **No. of sessions:** **Length of sessions:**

Start Date:..... **End Date:**

Venue:

A copy of the hired venue's Public Liability Insurance must be exchanged with one from the CCHSA Branch organising the event. Please attach a copy once available.

Is the proposed event restricted to members only? **Yes** **No**

Are persons being charged for the event? **Yes** **No**

Where members are competing in any events, Indemnity forms are to be enforced by each State Branch. (Form to be uniform among the CCHSA Branches). Please retain for records in conjunction with this Event. Where non-members are participating in an event a Casual Day Participation form needs to be completed and payment of \$20.00 to be collected. Please forward these forms along with payment to the CCHSA Federal Council Office. (Please retain a copy of these forms for your branch records)

First Aid facilities organised: **Yes** **No** **N/A Why?**

Safety Representative/s nominated:

Are other organisations involved in this Event? **Yes** **No**

If yes, please describe their involvement: