

SEDRA INSURANCE PROGRAM(2018)
The Equestrian Group
Office 800-874-9191 Fax-602-992-8327

Name of Ride and Location (Physical Address): _____

Event date (be sure to include extra day or two for set up/take down dates):

Start Date _____ End Date _____

Dates of your event can be changed at any time up to 10 days prior to your event start date.

Contact Person: _____ Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

**When making out your check please refer to your Sanctioning Information,
then mail this form with your Sanctioning Application to the Sanctioning Secretary,
Debbie Holt, sedrasanctioning@gmail.com, 7150 La Dora Dr, Brooksville, FL 34602**

Certificate of Insurance (COI): (Names and Physical Addresses, **No PO Box**) Insurance Cost \$100

Additional Insured (AI): (Names and Physical Addresses, No PO Box) AI Cost \$25 each

Signature of Ride Manager _____

Please be advised that any insurance company wishes to communication with one contact. Please forward any questions to: Caren Stauffer, 181 Riverwoods Dr, Chuluota, FL 32766 or email gotarace2@aol.com.
