

**SEDRA INSURANCE PROGRAM(2018)
The Equestrian Group**

Fax: 407-365-5601

Name of Ride or Public Event 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,
Jo Harder 7791 SE128th Terrace, Morriston, FL 32668**

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.
