## SEDRA Competitive Trail Ride Sanctioning Application

(07-31-22)

Date of Ride:Name of Ride:				Pre-Existing?: Yes No		
Mileage Ride	Drive	IDR	Mileage Only (MO)	Clinic		
Location/Physical	Address ofRide:_					
Address:						
Phone:			Email:			
Ride Secretary:						
Phone:			Email:			
Head Vet:						
Ride Steward:						
SafeSport Representative:Email:						
Equipment/Supplie	s Requested fro	m SEDRA				
Trail Markers (amo	Rider Pinnies					
Water Tank (RM to	arrange transpor	tation)				
for \$100 PLUS \$25 additional form. If unnumber CTR p	must be a memb for each additio using insurance p participant, \$1 pe	er of SEDF nal insured rovided by r IDR	RA. CTRs must be insured.  The insurance is arrange SEDRA you will need to co	d via the SEDRA lollect a Day memb	Freasurer and requers fee of \$15 pe	uires an r
received less than verbal commitmen	60 days before a t (tentative sancti verage has bee	ride will be oning). <b>Th</b> e	t 60 days prior to the req e sanctioned for mileage or e ride information will be I. If insurance is obtained t	nly (no points). Sar posted as fully s	nctioning requests anctioned once	s can be a all fees
Send completed t FL 32766. Sedra.T		•	information to SEDRA Trea	asurer: Caren Stauff	er, 181 Riverwoods	s Dr, Chuluota,
			nd day member list must be . You will be invoiced for th			ecretary within
The above ride rec sanctioned by SEI	'	g by SEDR	A. The SEDRA Rule Book	and Drug Policies	govern all Compo	etitive Trail Rides
Ride Manager				Date of Applicat	ion	