SEDRA
Competitive Trail Ride Sanctioning Application

(07-13-24)

Date of Ride:_____ Name of Ride:_____ Pre-Existing?: Yes ☐ No ☐

Mileage ____ Ride _____ Drive _____ IDR ____ Mileage Only (MO) _____ Clinic _____

Location/Physical Address of Ride:_____

Ride Manager (RM): _____

Address:_____

Phone:_____ Email:_____

Ride Secretary: _____

Phone:_____ Email:_____

Head Vet:_____

Ride Steward: _____

SafeSport Representative**:**_____ Email:_____

Equipment/Supplies Requested from SEDRA:

Trail Markers (amount needed) _____ Rider Pinnies_____

Water Tank (RM to arrange transportation) _____

SEDRA CTR sanctioning fee is $40, no fee for Clinic
The ride manager must be a member of SEDRA. CTRs must be insured. The SEDRA insurance program is available for $100 PLUS $25 for each additional insured. The insurance is arranged via the SEDRA Treasurer and requires an additional form. If using insurance provided by SEDRA you will need to collect a Day members fee of $15 per nonmember CTR participant, $1 per IDR..

Sanctioning requests must be received at least **60 days prior to the requested ride date**. Ride sanctioning requests received less than 60 days before a ride will be sanctioned for mileage only (no points). Sanctioning requests can be a verbal commitment (tentative sanctioning). **The ride information will be posted as fully sanctioned once all fees and insurance coverage has been obtained.** If insurance is obtained through other means, proof will be required prior to full sanctioning.

Send completed forms, check, and ride flyer/information to SEDRA Treasurer: Caren Stauffer, 181 Riverwoods Dr, Chuluota, FL 32766. **Sedra.Treasurer@gmail.com**

Post event: The ride results form, volunteer and day member list must be sent to the SEDRA Sanctioning Secretary within 30 days. Jo Harder **J.Harder@earthlink.com**. You will be invoiced for the Day Member Fee.

The above ride requests sanctioning by SEDRA. The SEDRA Rule Book and Drug Policies govern all Competitive Trail Rides sanctioned by SEDRA.

Ride Manager_____ Date of Application _____