SEDRA Competitive Trail Ride Sanctioning Application

(07-13-24)

Date of Ride:_	Date of Ride:Name of Ride:					Pre-Existing?: Yes No		
Mileage F	Ride	_ Drive	IDR	Mileage Only (MO)	Clinic _			
Location/Physi	cal Addre	ss ofRide:_						
Ride Manager	(RM):							
Address:								
Phone:				Email:				
Ride Secretary	:							
Phone:				Email:				
Head Vet:								
Ride Steward:								
SafeSport Representative:Email:								
Equipment/Sup	plies Re	quested fro	m SEDRA:					
Trail Markers (amount needed) Rider Pinni						es		
Water Tank (RM	√ to arran	ge transpoi	tation)					
for \$100 PLUS	ger must \$25 for e . If using	be a membeach addition insurance p	er of SEDR nal insured rovided by	A. CTRs must be insured. The insurance is arranged SEDRA you will need to co	d via the SEI	ORA Treasurer and requir		
received less to verbal commitr	han 60 da ment (tent e coveraç	iys before a ative sancti ge has bee	ride will be oning). The	60 days prior to the requestanctioned for mileage or ride information will be a lf insurance is obtained the	nly (no points posted as fu). Sanctioning requests o	can be a	
•	Treasurer:	Caren Stau	•	nformation, the ride results erwoods Dr, Chuluota, FL 32	•	•		
The above ride Rides sanction			g by SEDR	A. The SEDRA Rule Book	and Drug Po	olicies govern all Compet	itive Trail	
Ride Manager_					Date of Ap	plication		