

SEDRA INSURANCE PROGRAM (2026)
The Equestrian Group

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: _____

**Please make check payable to SEDRA,
then mail this form with your Sanctioning Application to SEDRA Treasurer**

Bany Cranmer 15671 115th Ave N, Jupiter, FL 34478

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: Bany Cranmer or email Sedra.Treasurer@gmail.com
