



**Event Sanctioning Application**

**Email to DRASA Provincial Council in your province within 60 days of Event date**

Ride Name	
Date Requested	
Province	

Club Requesting	
Location of ride (venue name, nearest town, GPS co-ord)	

Divisions Offered	Foothill	Koppie	Pleasure	Trail	Summit	Clinic	Clinic with Test Ride
Type in kms offered under Division							
Single Day/Multi Day	Single Day		Multi Day				

Number of entries expected	
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Ride Managers Name & Cell number & Email Address	
Ride Secretary Name & Cell number & Email Address	

Vets Names	Cell Numbers

Horsemanship Judges Names	Cell Numbers

Pulse Monitors Names (if needed)	Cell Numbers




Time Keepers Names	Cell Numbers

Medics /Company	Cell Numbers

**Describe Camp and facilities and supply prices**

Water at camp and on course	
Vet area and treatment area	
Horsemanship Judging Area	
Toilets	
Showers/bathrooms	
Paddocks/Stables(include prices if applicable)	



Camping facilities(include price if applicable)	
Eating facilities(include price if you want riders to book specific meals and pay at entry)	
Other fees to be charged (gate entry etc)	

**Describe course**

Water on course	
Any road crossings	
Number of legs and distance , prices per distance and or day. Include a PERCENTAGE discount for multi days if applicable (only a percentage )	
Terrain	
Maximum and Minimum speed to be set	





