



To Complete is to Win

APPLICATION TO CONDUCT A VERA Inc. AFFILIATED RIDE

Form with fields: RIDE NAME, LOCATION, Melway Ref, RIDE ORGANISER/CONTACT PERSON, ADDRESS, Post code, TELEPHONE (H, M), EMAIL, DATE (1st preference, 2nd preference), DISTANCES (Endurance, Intermediate, Introduction) with LI Saturday and LI Sunday km, INCORPORATED BODY (Name, Inc No), FEI IN CONJUNCTION (YES/NO, 1 star, 2 star, 3 star), DUAL AFFILIATION (YES/NO, STATE).

Rides with bases within 100km of the Victorian State border may request dual affiliation with VERA Inc. on application to VERA Inc. Secretary. VERA Inc. affiliated Endurance Events may request dual affiliation with a neighbor State and should do so to the relevant State Secretary.

Please confirm the following Key Ride Roles:

Form with fields: Head Vet, Chief Steward, AERASPACE operator, TPRs

I/We hereby make application to the Victorian Endurance Riders Association Inc (VERA Inc.) to conduct an endurance ride as requested above. We undertake to conduct said ride in such a manner as to not be injurious or prejudicial to the character or interests of the sport of Endurance Riding of the Australian Endurance Riders Association Inc (AERA) or VERA. We also undertake to abide by the current rules, procedures and veterinary standards of AERA and VERA Inc. (available at www.vicera.com.au)

Rider Organiser's Signature:

- Complete Written Applications for events must be received by the Ride Calendar Coordinator
There will be no confirmation of the ride application until the application is presented to and approved by VERA Inc. SMC.
The ride deposits of \$60 is NON - REFUNDABLE & NON TRANSFERABLE and MUST BE PAID when submitting this Application
No event advertising or electronic media promotion can be initiated prior to SMC approval.

COMPLETED APPLICATIONS TO: PAUL NUGENT

By mail: PO BOX 128, Woodend.3442 by email: calendar@vicera.com.au

Payment: LI Cheque - VERA Inc. LI Direct Deposit Bendigo Bank - BSB: 633 000- ACC: 142541473 (name ride)

Date received: Deposit (\$60) received:



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APPLICATION FOR AFFILIATION FOR VICTORIAN ENDURANCE RIDERS ASSOCIATION Inc

Name Of Inc. Club:			
Postal Address			
Contact Name:			
Phone Number:			Email:
Website Address:			
Total Numbers Of Committee Members			
President name			
Phone number:			Email:
secretary name			
Phone number:			Email:
Treasurer name			
Phone number:			Email:
Is the club incorporated?	YES LI	NO LI	Incorporation Number:
Total Assets:	\$		Total Liabilities (debts):
			\$
Total Income (grants/membership/sponsorship):	\$		ABN (if applicable):
Number of rides to be conducted during the calendar year:			
Number of volunteers registered with the club:			
Number of people including spectators at biggest event:			
Does the club have (tick those appropriate):	LI A constitution LI Certified first aid officers LI Rules and regulations LI Risk management process LI Hot weather policy LI Age limits LI Compulsory helmet use LI Bio-security measures		
Does the club provide any;			
a. Legal, financial or environmental advice			YES LI NO LI
b. Medical treatment (other than first aid), medical advice, scientific or medical research			YES LI NO LI
c. Professional services that are provided on a 'fee for service' basis (other than tuition)			YES LI NO LI
After enquiry, are the Office Bearers/Committee Members or the Club aware of any circumstances which may result in a claim being made? If yes, attach full details.			YES LI NO LI
Signed on behalf of the Club (incorporated body):			
Position:		Date:	