Application for Event/Show Approval

This form must be completed and returned to WES Show at least 30 days prior to event date.

Post to; WES SHOW, Horseley Fen Farm, Stocking Drove, Chatteris, Cambridge, PE16 6SH
Email to; wesshow@carder.me.uk

1

Area | Event/Show Name

2

Event/Show Location

3

Day | Month | Year / Day | Month | Year | P App Aff S/C Clinic Soc

Start Date | End Date | Type of Event/Show | Surface

Secretary

Secretary's Email

Tel. Number | First Aid Cover

Qualified Event Manager

4

Judge | Y N Free Judge

Instructor

5 **Classes to be Approved** (Please tick Box, if Other Classes ticked please list on reverse)

	S	H	Pl	Tr	WR	R	RH
Novice Youth	☐	☐	☐	☐	☐	☐	☐
Youth	☐	☐	☐	☐	☐	☐	☐
Novice Rider	☐	☐	☐	☐	☐	☐	☐
Amateur	☐	☐	☐	☐	☐	☐	☐
Open	☐	☐	☐	☐	☐	☐	☐
Novice Horse			☐	☐	☐	☐	☐
Intermediate Horse			☐	☐	☐	☐	☐

	H	Pl	Tr
Walk/Jog Classes	☐	☐	☐
Prelim Pleasure			☐
Versatility			☐
Freesytle Reining			☐
Little Britches Classes			☐
Other Classes			☐

6 **Events:**

P	Pratice Show; run more or less along the lines of a clinic with an approved judge or experienced member acting as judge so that novice horses and riders can gain experience in a show environment. Coverd by WES insurance **No official WES Points**
App	Approved Show; are held by WES areas for WES members only and covered by WES insurance. **Official WES Points.**
Aff	Affiliated Show; are organized by outside bodies and are open to Non-WES members and not covered by WES insurance. **Only WES members receive Official WES Points.**
S/C	Show/Cinic; an approved show with a clinic before (Approved Instructor) or after the show (Approved Instrutor or Show Judge)
Clinic	Clinic; are held by WES areas for WES members only. WES approved instructor must be used. **Covered By WES insurance.**
Social	Event; run by WES areas for WES members and non-members but no involving horses. **Covered by WES insurace**.

7 **Declaration**

I accept the conditions of the Western Equesrian Society and agree that approved classes will be run in accordance with the rules of the aforementioned Society and declare that the information given above is accurate.

Please confirm Risk Assessment has been carried out by ticking box ☐ **Assessment should be retained by the Show Secretary for 3 months after the event.**

Area Rep's Signature……..Date…….