|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ride Name** |  | | | **Date** | | |  | | |
| **Chief Steward 1** |  | | | **Chief Steward 2** | | |  | | |
| **Provisional Chief Steward** | | | |  | | | | | |
| **Distances** | **Introductory** | **Intermediate** | | **Endurance** | | | **Mini/Micro/Marathon** | | |
|  |  |  | |  | | |  | | |
| **Head Vet** |  | | | | | **Contact** |  | | |
| **Treatment Vet** |  | | | | | **Contact** |  | | |
| **Line Vet** |  | | | | | **Contact** |  | | |
| **Line Vet** |  | | | | | **Contact** |  | | |
|  | | | | | | | | | |
| |  | | --- | | **Were any horses injured at the ride? Yes / No Please circle**  **If ‘yes’, please ensure the relevant incident / report forms are attached to this report.** | | **Did any horses receive invasive treatment at the ride? Yes / No Please circle**  **If ‘yes’, please ensure the relevant incident / report forms are attached to this report.** | | | | | | | | | | |
| **Please describe the course conditions including reference to terrain, surface(s) and any significant hazards.** | | | | | | | | | |
|  | | | | | | | | | |
| **Please describe the weather conditions at the ride highlighting any significant factors.** | | | | | | | | | |
|  | | | | | | | | | |
| **Did the Ride Organising Committee arrange for enough personnel to attend to safely run the ride? If not, please provide details.** | | | | | | | | | |
|  | | | | | | | | | |
| **FORMS ISSUED AT RIDE** | | | | | | | | | |
| **Type of Form** | **Rider Name** | | **Member number** | **Horse's Name** | | | | | **Logbook No.** |
|  |  | |  |  | | | | |  |
|  |  | |  |  | | | | |  |
|  |  | |  |  | | | | |  |
|  |  | |  |  | | | | |  |
|  |  | |  |  | | | | |  |
| **RIDE REPORT COMMENTS** | | | | | | | | | |
| **Were there any problems with the ride? Could any aspect of the ride be improved? Please provide any additional comments you wish to make.** | | | | | | | | | |
|  | | | | | | | | | |
| **Chief Steward's Signature** | | | | | ***Office Use Only*** | | | | |
|  | | | | | ***Date Received*** | | |  | |

The completed report should be sent to your Divisional Registrar or Secretary

within 14 days of the conclusion of the ride.

Attach any Forms issued at the ride.

The details on the following page may be required by some Divisions.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TPR List** | | | | |
| Name | Member Number | Pre-ride | Ride day(s) | Both |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |