



**APPLICATION TO CONDUCT A VERA Inc. AFFILIATED RIDE**

RIDE NAME:					
LOCATION:					
RIDE ORGANISER/CONTACT PERSON:					
ADDRESS:				Post code:	
TELEPHONE:	H:				M:
EMAIL:					
DATE:	1 <sup>st</sup> preference				
	2 <sup>nd</sup> preference				
DISTANCES:	Endurance	<input type="checkbox"/> Saturday	km	<input type="checkbox"/> Sunday	km
	Intermediate	<input type="checkbox"/> Saturday	km	<input type="checkbox"/> Sunday	km
	Introduction	<input type="checkbox"/> Saturday	km	<input type="checkbox"/> 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 neighboring State and should do so to the relevant State Secretary.					

**Please confirm the following Key Ride Roles:**

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](http://www.vicera.com.au)**)

**Rider Organizer's Signature:** .....

- Completed Ride 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 the VERA Inc. SMC
- The Ride Application Fee of \$80 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



Incorporation No: A0008959W

ABN No: 35048071068

**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's Name:			
Phone Number:			Email:
Secretary's Name			
Phone Number:			Email:
Treasurer's Name			
Phone Number:			Email:
Is the club incorporated?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	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):	<input type="checkbox"/> A constitution <input type="checkbox"/> Certified first aid officers <input type="checkbox"/> Rules and regulations <input type="checkbox"/> Risk management process <input type="checkbox"/> Hot weather policy <input type="checkbox"/> Age limits <input type="checkbox"/> Compulsory helmet use <input type="checkbox"/> Bio-security measures		
Does the club provide any:			
a. Legal, financial or environmental advice			YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Medical treatment (other than first aid), medical advice, scientific or medical research			YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Professional services that are provided on a 'fee for service' basis (other than tuition)			YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
Signed on behalf of the Club (incorporated body): .....			
Position: .....		Date: .....	



**Incorporation No: A0008959W**

**ABN No: 35048071068**

Completed Ride Application Forms to be sent to: Paul Nugent, VERA Ride Calendar Coordinator

Mail: PO Box 128, WOODEND Vic 3442

Email: [calendar@vicera.com.au](mailto:calendar@vicera.com.au)

**Payment**

**Cheque** – Payable to VERA Inc.

**Direct Deposit**

**Bank:** Bendigo Bank

**BSB:** 633 000

**Account:** 142541473

**Message:** Include Ride Name

**Office Use Only**

Date Received		Application Fee Received	\$	Receipt Issued	
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