



## **BCCDS Event Approval Application**

*This form is to be completed for each and every event/activity your Chapter is intending to have approved by the BC Carriage Driving Society. Approval is mandatory in order to have insurance coverage of your function.*

### **ACTIVITY**

Type of Event/Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Chapter Hosting Event/Activity: \_\_\_\_\_

Name of Event/Activity: \_\_\_\_\_

Location (Legal Address): \_\_\_\_\_

This Sanctioned Event will be following all Safety Rules from: HCBC ☐ EC ☐

This Un-Sanctioned/Fun Event will be following all Safety Rules from: HCBC ☐ EC ☐

### **OFFICIALS**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### **CONTACT PERSON**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*The Contact Person is required to report to the BCCDS after the event/activity. The Event Summary Report must be completed as well as the Incident Report, noting ALL incidents, even if no one was injured and no damage done. These forms must be completed and submitted within 30 days of the event. This is to protect the BCCDS should a claim be submitted against the Society at a later date.*