

**Southeast Endurance Riders Association
Sanction Application**

Ride Name: _____ Distances Offered: _____

Ride Manager: _____ Ride Date(s): _____

Address: _____

Telephone: _____ Email: _____

Ride Location: _____

I wish to sanction my ride with the Southeast Endurance Riders Association. I understand that application must be received in time for notification of the sanctioning to be made on the SEERA website. I further understand that: I must be a member of SEERA; I must provide a minimum of 2 veterinarians for the ride; all junior riders must wear a helmet; **and that a sanction will be granted in accordance with the sanctioning rules and policies posted on www.southeastenduranceriders.org**. I also understand that my ride must first be sanctioned by AERC and that my ride and tie event must first be sanctioned by the Ride and Tie Association.

I will send the ride results plus a sanctioning fee of \$2.00 per starting rider to SEERA, P.O. Box 216, Lithia, FL 33547 within 60 days of the ride or December 1, whichever comes first. I acknowledge that failure to do so will result in a \$200 fine.

Note: Certificates of insurance will be provided to SEERA sanctioned rides at your request. Your landowner or other party may ask that you provide a certificate of insurance as proof of SEERA's insurance coverage; or your landowner or other party may ask for additional insurance requirements. If additional insurance requirements are needed, please make this request in writing to Laurie Underwood whose contact information is at bottom of this form. SEERA's insurance carrier charges for additional insured requests and requests for waiver of subrogation. Those charges will be passed along to the ride manager and must be paid in advance to SEERA. Proof of insurance and/or certificates of insurance naming parties as certificate holders should be requested at the time of ride sanction application submittal**.

Ride Manager's Signature: _____ Date: _____

****Please provide the information below if proof of insurance is needed:**

Name: _____ Address: _____

Email or fax: _____

Name: _____ Address: _____

Email or fax: _____

Name: _____ Address: _____

Email or fax: _____

Names of Veterinarians: _____

Return sanction form to Laurie Underwood via email at laurie.a.underwood@gmail.com or

U.S. mail to P.O. Box 216, Lithia, FL 33547

OPTIONAL INFORMATION

In order to make it easier to add your ride to the SEERA online calendar, please fill out the information below. Only fill in the information you wish to have placed on the web. If it has not changed from last year, then just write "SAME".

1. DISTANCES:

2. RIDE MANAGER:

3. RIDE MANAGER eMAIL:

4. RIDE MANAGER PHONE:

5. ASSISSTANT RIDE MANAGER:

6. ASSISSTANT RIDE MANAGER eMAIL:

7. ASSISSTANT RIDE MANAGER PHONE:

8. HEAD VET:

9. RIDE LOCATION: (a real address vs "Big South Fork")

10. WEBSITE:

11. RIDE SECRETARY:

12. RIDE SECRETARY eMAIL:

DIRECTIONS: (If you want to add a "MapQuest" type map, write MAP at the end of your written driving instructions)