



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 Event will be following all Safety Rules: 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.