

ERA Ride Sanction Application

Ride Name: _____ **Ride Date(s):** _____

Ride Location: _____ **Person Requesting Ride:** _____

Address: _____ **E-Mail:** _____ **Phone:** _____

Ride Manager: _____ **E-Mail:** _____ **Phone:** _____

Sponsor: ERA Non-Sponsored – Name: _____ Non-Profit

Non-Profit/Charitable Organization where funds will go: _____

Other Sanctioning Organizations: _____

Mileage:

	Day 1	Day 2	Day 3
# of miles/day:	____/____/____	____/____/____	____/____
Sr.Entry Fee:	____/____/____	____/____/____	____/____
Youth Fee:	____/____/____	____/____/____	____/____
Junior Fee:	____/____/____	____/____/____	____/____
Start time:	____/____/____	____/____/____	____/____

Method used to confirm mileage (i.e., vehicle, aerial maps, GPS, etc.): _____

Veterinary Information:

Head Vet: _____ **Phone:** _____

Address: _____

Vet: _____ **Phone:** _____

Address: _____

Treatment Vet/Clinic: _____ **Phone:** _____

Address: _____

Number and location of vet checks in miles from start of longest mileage division:

Loop	Mileage	# of vet checks	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Office use only:

APPROVED BY:
 Sanctioning Director: _____
 Committee Members: _____

Date: _____

Name: _____ **Signature:** _____

I, the undersigned, agree to abide by the rules and regulations of ERA to conduct a sanctioned endurance ride.