

THE MOUNTED GAMES ASSOCIATION of IRELAND [MGAI]

COMPETITION INFORMATION FORM

NAME OF COMPETITION.....

MGAI ORGANISING TEAM.....

HEALTH & SAFETY REPRESENTATIVE.....

CHILDREN's OFFICER (Deputy).....

COMPETITION DATE/S.....

COMPETITION VENUE.....

COST FOR USE OF VENUE.....

FIRST AID COVER PROVIDED BY.....

COST OF FIRST AID COVER.....

VETINERARY COVER PROVIDED BY.....

VET EMERGENCY CONTACT DETAILS.....

TOILET FACILITIES PROVIDED BY.....

COST OF ANY PORTALOOS.....

I CERTIFY THAT THE RULES FOR RUNNING MGAI COMPETITIONS WILL BE ADHERED TO.

SIGNED.....

PRINT NAME.....

DATE.....