|  |  |  |  |
| --- | --- | --- | --- |
|  Form No:  |  **IMS-F-011** |  Version No:  |  V20190629 |
|  Issued: 20111210 |  **Reviewed: 20190629** |  Authorised By: |  Director Communication & Marketing |

**THIS COMPLETED FORM MUST BE RETAINED BY THE CLUB AND PROVIDED TO ATHRA ON REQUEST**

However, it must be retained by the Club, together with the Pre-Ride/ Event Check List, Ride Attendance Register and, if applicable, any Incident Reports and Ride Visitor forms.

|  |  |  |  |
| --- | --- | --- | --- |
| **Club Name:**  | WA Horse Trekkers Club | **Ride/ Event Date:** |  |
| **Ride Location/ Event Venue:** |  |
| **Event Type:** *(Tick box)* | Trail Ride | √ | Sports Day |  | Education Day |  | Other (describe) |  |
| **Name of Ride Coordinator/ Trail Boss completing this form:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attendance:** | Members |  |  | **Press Article attached:** *(Tick box)* |  |
| Day Members |  |  |  |  |
| Others (non-riders, volunteers, etc) |  |  | **Ride Duration:** |  |
| **TOTAL** |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Weather Conditions:***(Tick relevant boxes)* | **🗸** | **Description** |  | **Riding Terrain:***(Tick relevant boxes)* | **🗸** | **Description** |
|  | Fine |  |  | Flat  |
|  | Cloudy |  |  | Undulating |
|  | Raining |  |  | Steep |
|  | Hot |  |  | River Crossing |
|  | Cold |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Track Conditions:***(Tick relevant boxes)* | **🗸** | **Description** | **Comments** |
|  | Good |  |
|  | Slippery |  |
|  | Boggy |  |
|  | Rocky |  |
|  | Other |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Were any incidents recorded?** | Y |  | N |  |  |
| **Were any accidents recorded?**  | Y |  | N |  | *(If yes, please attach separate report)* |
| **Was there overnight camping?** | Y |  | N |  |  |

|  |  |
| --- | --- |
| **Additional Comments:**  |  |
|  |
|  |

|  |  |
| --- | --- |
| **Signed by Ride/ Event Coordinator/ Trail Boss:** |  |
| **Date Completed:** |  |