

## WDCTA Event Guidelines

If you are completing a day insurance request form there are a few other things that need to be considered:

- Complete and submit the day insurance form 3 weeks prior to the event.
- Submit the insurance payment to the State Treasurer at the time of completion of the day insurance form.
- [Obtain a W-9](#) and submit a copy to the Chapter Treasurer and State Treasurer. A W-9 is needed for any individuals or businesses that might be paid \$600 or more by the WDCTA chapters in aggregate and submitting the W-9s to the State Treasurer. This should be done at the time of payment to these individuals, NOT after the fact.
- After payment to any individual or business for a clinic, show or event communicate to the State Treasurer how much they were paid.

# WDCTA PUBLIC DAY INSURANCE REQUEST FORM

Chapter:		Date submitted	
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Event Name:			
Date(s) of Event:			
Location:		Phone:	
Address:			
Event Manager:		Phone:	
Address:			

Is this event USA Equestrian Sanctioned?	Yes		No	
Do you need a Certificate of Insurance?	Yes		No	
Must anyone other than WDCTA be listed as Insured?	Yes		No	

If yes, please give complete name and address of Additional Insured:

Total Number of Days of Clinic OR Show:		at \$42 per day =	\$
Number of Additional Insureds:		at \$28 each =	\$
Total Cost of Insuring This Event:			\$
Subtract Amount Remaining of Chapter's Annual \$100 Insurance Allowance:			–
<b>TOTAL ENCLOSED:</b>			<b>\$</b>

Please make checks payable to **WDCTA**.

**Please list names of each person/business to whom you expect to pay in conjunction with this event (e.g., judges, clinicians, riding facilities, awards vendors):**

Mail with payment and **copy of participant release form** to:

Angela Genin  
WDCTA Treasurer  
498 Cledell St. #3, Oregon, WI 53575  
608-516-2293

This completed form and payment in full must reach the WDCTA treasurer at least **three weeks** prior to the date(s) of the event. The day before and the day after the event is automatically included in the basic premium. Please include the complete address and phone numbers for the location and event manager. If you requested a Certificate of Insurance, it will be mailed to the event manager or additional insured.

For Treasurer's Use Only:

Date Received	Amount	Check #	Date Sent	Amount	Cert. Received