**BACK COUNTRY HORSEMEN OF IDAHO**

**ANNUAL SCHEDULE OF EVENTS OPEN TO THE PUBLIC (**for **April 1, of each year thru March 31, of the following year)**

**Please submit this form before February 15th of each year to avoid any financial charges to chapters.**

CHAPTER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Only list those events in which your chapter has open to the public.** See “Public Event Insurance Instruction Sheet” on the BCHI Website before completing this form.

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| If you plan a public event and it is not listed on this form by Feb. 15 of each year, anyadditional public event forms must be submitted a **minimum of 30 days** before the event |
| **There may be an additional per day insurance fee for the event charged to your chapter.** |   |

Please notify the state insurance coordinator of any changes such as additions and cancellations to ensure adequate coverage.

 (Rained out events can be rescheduled or cancelled with no additional charge by letting the State Insurance Coordinator know immediately after it happens.)

List name of event, date(s), location, including address, city, state, zip code, approximate number of members and non-members attending and if you charge a registration fee for the public.

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|  Event Type  |  Name of event  |  Dates  | Location , Address, City, State, Zip code  | # of chapter members attending  | # of non members attending  | Registration Fee If Yes, list amount  |
|    |   |   |   |   |   |   |
|    |   |   |   |   |   |   |
|    |   |   |   |   |   |   |
|    |   |   |   |   |   |   |

Please email or snail mail this form to State Insurance Coordinator**:** Bill Conger 7285 Mustang Lane Emmett ID 83617 or
Email: insurance-coordinator@bchi.org

This form is required by the insurance carrier. **Remember, in order for your public event to be covered by the insurance policy, the state insurance coordinator must notify the insurance company of your public events.**