

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.

If you plan a public event and it is not listed on this form by Feb. 15 of each year, any additional 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.

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: Corey Dwinell
 841 N Boulder ct #A
 Post Falls ID 83854
 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.**