

MICHIGAN HORSE COUNCIL SPECIAL EVENT COVERAGE REQUEST

(Please Print or Type - Must be Legible)

FORM MUST BE COMPLETED IN ITS ENTIRETY

1. Date of Request:	2. Date(s) of Event:	Rain Date:
3. Name of Organiz	ation Enhanced group requesting coverage	ge:
4. Type of Event: _		
5. Location of Ever	t:	
6. Contact person f	or Event: Name	
Phone:	E-Mail	
	Rodeo type events are NOT CO Pole Bending, Barrel Racing and the	VERED under any circumstances. e like are not considered rodeo events.
ir	cluded/ Premises owner Complete Addr	needed other than the State of Michigan who is already ress required orsement. (List any other Additional insured on back)
Name:		
Address:		
City/State/Zip:		
	ION FEES: Shows, Rides, Demos, Trail work days, Ta ADE-PONY RIDES, WAGON EVENTS	ck show)
INSURANCE MAY N		THAN 10 DAYS IN ADVANCE, THE CERTIFICATE OF a case of last minute event all requests must be made by Wednesday in a ADDRESS PROVIDED BELOW.
	MAKE CHECKS PAYABLE TO:	MICHIGAN HORSE COUNCIL
SEND COMPLETEI Michigan Horse O Attn: Penny Wilse		·

PHONE: 866-320-9098 E-MAIL: penny@michiganhorsecouncil.com

If for any reason your event is canceled, inform MHC within 10 days to move to another date. After 10 days event charges will apply. (Insurance costs are non-refundable).

5199 Brady Road

Howell, Michigan 48843