**APPLICATION FOR PERMISSION TO RUN A FESTIVAL, LEAGUE OR TOURNAMENT**

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| **SCHOOL OR ORGANISATION** |
| School or Organisation: |  |
| Address: |  |
| Organiser: |  | Contact Number: |  |
| Email address: |  |

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| **EVENT DETAILS** |
| Title of event: |  |
| Purpose of Event: |  |
| Event Type: |  |
| Date of Event: | From |  | To |  |
| Event Timings: | Start |  | End |  |
| Arrival of Teams: | From |  | B/G/M |  |
| Total Number of Players: |  | Total Number of Teams: |  |
| Total Non-players: |  | Age Group(s): |  |
| Is this a National event: | Y/N | Is permission required from other National Union: |  |
| Audience Size: |  | Officials: |  |
| Please attach a draft of the proposed event rules and format. This should show total playing time and discipline procedures. |
| Notes: |  |

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| **VENUE DETAILS** |
| Venue Location |  |
| Address: |  |
| Contact Number: |  |

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| **HEALTH & SAFETY** |
| Please confirm that a risk assessment will be carried out: | Y/N |
| Please confirm that all teams have adequate insurance cover or are members of ERFSU: | Y/N |
| Please confirm that there will be appropriate First Aid cover: | Y/N |
| If a multi day event requiring overnight stay, is a safeguarding plan in place: | Y/N |

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| **DECLARATION AND APPROVAL** |
| Organiser Signature: |  | Date: |  |
| Approved by County Schools Union/ERFSU Governance Committee: |
| Approval Signature: |  | Date: |  |
| Name: |  | Position: |  |