**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: |  | |