



England
Rugby

Schools

APPLICATION FOR PERMISSION TO RUN A FESTIVAL, LEAGUE OR TOURNAMENT

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

EVENT DETAILS			
Title of event:			
Purpose of Event:			
Event Type:			
Date of Event:	From		To
Event Timings:	Start		End
Arrival of Teams:	From		
Total Number of Players:		Total Number of Teams:	
Total Non-players:		Age Group(s):	
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:	

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 ERFUSU:	Y/N
Please confirm that there will be appropriate First Aid cover:	Y/N

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