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| **APPLICATION FOR PERMISSION TO RUN A RUGBY CAMP** | | | |
| Club: |  | | |
| Address: |  | | |
| Organiser: |  | Contact Number: |  |
| Email address: |  | | |

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| **EVENT DETAILS** | | | | | | |
| Title of event: |  | | | | | |
| Purpose of Event: |  | | | | | |
| Event Type:  (Camp/ Day Rugby School/Commercial/Club run etc) |  | | | | | |
| Date of Event: | From |  | | To | |  |
| Event Timings: | Start |  | | End | |  |
| Arrival of Participants: | From |  | |  | | |
| Total Numbers attending |  | | Age Group(s): | |  | |
| Please attach a draft of the proposed event format. | | | | | | |
| 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 participating Coaches have adequate insurance cover or are members of RFU: | Y/N |
| Please confirm that there will be appropriate First Aid cover: | Y/N |

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| **DECLARATION AND APPROVAL** | | | | |
| Organiser Signature: |  | | Date: |  |
| Approved by CB Governance Committee: | | | | |
| Approval Signature: |  | | Date: |  |
| Name: |  | Position: |  | |