SUBMISSION INFORMATION FORM

ALL FORMS MUST BE SUBMITTED TO THE PPA AT LEAST 6 WEEKS BEFORE THE FIXTURE DATE:

- Submission Information Form
- Landowners Consent Form
- Host Hunt Consent Form (if required)
- Insurance Certificate

Email to fixtures@p2pa.co.uk

FIXTURE NAME	
FIXTURE DATE	
COURSE NAME	

VETERINARY DETAILS

Mandatory three vets

SENIOR VET: Must be SPVS or SRVS qualified	
NAME	
EMAIL ADDRESS	
PHONE	

VETERINARY DETAILS

Mandatory three vets

SECOND VET: Must be RVS accredited	
NAME	
EMAIL ADDRESS	
PHONE	
THIRD VET: Must be in equine practice	
NAME	
EMAIL ADDRESS	
PHONE	

MEDICAL DETAILS

All Doctors delivering care to Riders must be BHA registered.
Registration must be renewed each calender year (i.e. by 1st January)

SRMO	
NAME	
EMAIL ADDRESS	
PHONE	

MEDICAL DETAILS

All Doctors delivering care to Riders must be BHA registered.
Registration must be renewed each calender year (i.e. by 1st January)

FIRST RMO	
NAME	
EMAIL ADDRESS	
PHONE	
SECOND RMO	
NAME	
EMAIL ADDRESS	
PHONE	
AMBULANCE PROVIDER	
NAME	
EMAIL ADDRESS	
PHONE	

OFFICIALS AT MEETING

CLERK OF COURSE NAME	
INCIDENT CONTROLLER NAME	
SENIOR STEWARD NAME	
NAME OF STEWARD 2	
NAME OF STEWARD 3	
NAME OF STEWARD 4	
NAME OF STEWARD 5	
NAME OF STEWARD 6 (Minimum of 6 required)	
NAME OF STEWARD 7 (state if new/shadowing)	
NAME OF STEWARD 8 (state if new/shadowing)	