

GROUP CENSUS 2024/2025

GROUP..... AREA.....

SECRETARY.....

ADDRESS.....

Tel: email.....

ORGANISER..... Tel.....

WELFARE/CHILDREN'S OFFICER.....

Tel: email.....

DESIGNATED LIAISON PERSON

Tel: email:

TREASURER.....

Tel: email.....

SPOKESPERSON FOR YOUR GROUP AT AREA LEVEL:

Tel: email

COACHES.....

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FIRST AID OFFICER.....

NUMBER OF HELPERS in Group..... No. of TY Students, if any

RIDERS/DRIVERS from: (name of school/centre):

Number of riders (Children under 18) (Adults over 18)

No. with intellectual disability..... No. with physical disability.....

NAME OF RIDING CENTRE used.....

Number of Horses/Ponies used

DAY..... TIME..... INDOOR..... OUTDOOR.....

COACH'S EMAIL:

Please complete this form in full. **Any changes must be notified to RDAI Secretary immediately.** All group coaches, including trainee coaches, **MUST** be named on this form for insurance purposes. New coaches must be approved by Area Rep/Area Coach (NB: **No Coach present, ride must be cancelled**).