

**OREGON HIGH SCHOOL EQUESTRIAN TEAMS, INC.**

Team Activity Form for \_\_\_\_\_

**Team name:** \_\_\_\_\_

**Proposed Activity:** \_\_\_\_\_

**Activity function:** \_\_\_\_\_

**Includes OHSET name:** \_\_\_\_\_

**Includes OHSET athletes:** \_\_\_\_\_

**Benefits OHSET team:** \_\_\_\_\_

**Earns Money for OHSET team:** \_\_\_\_\_

**Displays OHSET name:** \_\_\_\_\_

**Does this activity stay within the guidelines of the OHSET rulebook and/or the insurance requirements of OHSET?**

*Please Circle: Yes or No*

**Does the activity have coach/advisor approval:** \_\_\_\_\_

**Date(s) of Activity:** \_\_\_\_\_

**Location of Activity:** \_\_\_\_\_

**Insurance needed:** \_\_\_\_\_

**District approval:** \_\_\_\_\_

**Circle all that apply:**

State approval (if necessary)

Insurance issued (if necessary)

Non OHSET function