

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