**Association of Irish Riding Clubs**

**Ref:** F18/11

**Amended:** 04/02/2020

**New Club Application Form**

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| --- |
| **CONTACT INFORMATION** |
| **Contact Person:** |  |
| **Contact Address:** |  |
| **Contact Numbers:** |  |
| **Contact Email:** |  |
|  |  |
| **CLUB INFORMATION** |
| **Proposed Club Name:** |  |
| **Proposed Region:** |  |
| **Overall Objective:** |  |
| **Further Objectives:** |  |
|  |  |
| **LOCATION INFORMATION** |
| **Proposed Location:** |  |
| **Facilities Available:** |  |
| **Local clubs in your area:** |  |
| **Effect on local clubs:** |  |
|  |  |
| **MEMBERSHIP INFORMATION** |
| **Total Proposed Membership:** |  |
| **Breakdown of Riding / Non Riding members:** |  |
| **No. of previous registered members:**  |  |
| **How will the club sustain and grow membership without affecting local clubs:** |  |
|  |  |
| **OTHER INFORMATION** |
| **Outline benefits to Region:** |  |
| **Outline benefits to A.I.R.C.:** |  |

I confirm that the information provided in this proposal is true and as accurate as possible. I have read the guide to setting up a new club and understand the procedures involved.

This application is subject to the terms and conditions as defined by the Board of Directors.

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Signed on behalf of the applicant club Date

**Please email this form to** **david@airc.ie** **or return it to National Office**