



APPLICATION FOR USE OF FORESTRY COMMISSION LAND FOR AN EVENT

1. Area of Forest:

2. Part of forest to be used and O.S. Grid Ref:

MAP OF PREFERRED ROUTE MUST BE SUBMITTED WITH APPLICATION

3. Type of event: e.g. Sponsored Walk, Horse Ride, Cycle Event

4. Club name:

5. Name, address and telephone number of event organiser:

6. Email Address:

7. Date and start/finish times of event :

Date and start/finish times of set-up :

8. Markings to be used
e.g. orange tape:

**PLEASE ENSURE MARKERS ARE NOT NAILED TO TREES AND THAT THEY
ARE REMOVED AFTER THE EVENT.**



9. Expected number of participants:

10. Number of sales points:

Commercial sales points need a separate permission & are charged a **£100 fee**.
Please supply names & addresses to enable permits to be issued:

**PLEASE NOTE THAT THE POSITION OF THE COMMERCIAL SALES POINTS
WILL NEED TO BE MARKED ON YOUR MAP**

11. Car parking area:

12. Details of any special arrangements

Required, e.g. additional facilities, use of buildings etc:

13. PLEASE TICK IF :

Police will be notified

Marshals on course

Portaloos being hired

Barrier key required



14. Vehicular Access

**LIST VEHICLES (Inc Quadbikes) TO BE USED IN THE SET UP/TAKE DOWN OR MANAGEMENT OF THE EVENT MUST BE PROVIDED
IT IS THE EVENT ORGANISER'S RESPONSIBILITY TO ENSURE THAT THE VEHICLES ARE ROADWORTHY(MOT), INSURED AND THE DRIVER HAS APPROPRIATE LICENSE AND TRAINING.**

Please list all vehicles requiring access. Include Vehicle make and model, registration, owner/driver of the vehicle and reason for access.

Vehicle1

Vehicle2

Please detail any plans to use quadbikes, motorbikes or similar.

15. Please tick to indicate necessary insurance cover has been obtained

Minimum of £5 million Public Liability insurance cover and a photocopy of the insurance certificate IS required.

16. Payment terms – Please check which payment type

Cheque

(Please make cheques payable to the Forestry Commission)

Invoice

(Please supply an invoice address)

Credit Card

(I will contact you closer to your event date for details)



17. Give details of first aid provision, name & mobile contact number of 1st aider who will be present on the event day(s)

IF YOU WOULD LIKE TO INCLUDE ANY ADDITIONAL INFORMATION PLEASE CONTINUE ON A SEPARATE PIECE OF PAPER.

Date :

Signed :
Event Organiser