



WISCONSIN  
Dressage & Eventing  
ASSOCIATION

## WDEA Event Guidelines

- **Day Insurance:** Complete and submit the Day Insurance form on the next page and send to the state treasurer at least three weeks prior to the event.
- **W-9 Form:** A W-9 is needed for any individuals or businesses that might be paid **\$600 or more** by the state and all WDEA chapters combined during the year. Before paying the individual/business, provide a W-9 form for them to fill out and sign. After you have received a completed/signed W-9, then you can make payment. If you make payment before getting a completed/signed W-9, it can be difficult to get it after the fact.

Submit a WDEA Event Guidelines of the completed/signed W-9 to your chapter treasurer (if applicable) and state treasurer immediately after the event. **Link to W9:** <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

**After payment to any individual or business for a clinic, show or event communicate to the state treasurer how much they were paid.**

*See next page for Day Insurance form.*



WISCONSIN  
Dressage & Eventing  
ASSOCIATION

# WDEA Public Day Insurance Request Form

Chapter or State Event? \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Date(s): \_\_\_\_\_

Event Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Event Manager: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Is this event US Equestrian sanctioned? \_\_\_\_ Yes \_\_\_\_ No

Do you need a Certificate of Insurance? \_\_\_\_ Yes \_\_\_\_ No

Must anyone other than WDEA be listed as an insured? \_\_\_\_ Yes \_\_\_\_ No

*\*If yes, please give complete name and address of additional insured:*

\_\_\_\_\_  
\_\_\_\_\_

TOTAL NUMBER OF DAYS OF EVENT @ \$36/DAY: \$ \_\_\_\_\_

NUMBER OF ADDITIONAL INSURED @ \$24/DAY: \$ \_\_\_\_\_

TOTAL COST OF INSURING THIS EVENT: \$ \_\_\_\_\_

*Subtract Amount of Remaining Chapter*

*Annual \$100 Insurance Allowance, if Applicable:* \$ \_\_\_\_\_

**TOTAL ENCLOSED:** \$ \_\_\_\_\_

Make check payable to:  
**WDEA**

**Please list names of each person/business whom you expect to pay in conjunction with this event (judge(s), clinician(s), riding facility, vendors, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail with payment and copy of participant release form to:**

Morgan Winter  
S24 W33363 Sutton Ridge Ct.  
Dousman, WI 53118

*The completed form and payment in full must reach the WDEA treasurer at least three weeks prior to the date(s) of the event. The day before and day after the event are automatically included in the basic premium. Please include the complete address and phone numbers of the location and event manager. If you requested a Certificate of Insurance, it will be mailed to the event manager or additional insured.*

\_\_\_\_\_

*Treasurer's Use Only:*

Date Received: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Sent: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Certificate Received: \_\_\_\_\_