



REQUEST FOR LETTER OF INDEMNITY

CLUB:.....

SECRETARYS NAME:.....

ADDRESS:.....

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DAYTIME PHONE NO:.....

NAME OF EVENT:.....

DATE OF EVENT:.....

*** Day and times must be specified**

VENUE:.....

ORGANISATION TO BE INDEMNIFIED

(I.E. TO BE INCLUDED IN CYCLING IRELANDS POLICY)

(NB: Not Club or Riders as they already have cover)

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**I ENCLOSE HEREWITH €60 CHEQUE/POSTAL ORDER/VISA PAYMENT
(DELETE AS APPROPRIATE)**

*****PLEASE NOTE*****

**THIS FORM MUST BE RECEIVED IN
CYCLING IRELANDS OFFICE
AT LEAST 7 DAYS BEFORE
THE DATE OF THE EVENT**

**ALL LETTERS OF INDEMNITY WILL BE
SENT TO CLUB SECRETARIES**