

THE _____ AREA POINT-TO-POINT ASSOCIATION

ABANDONMENT CERTIFICATE

2024 - 2025

This is to confirm that thePoint-to-Point scheduled to be run on
(date) was abandoned at (time) on (date)

The abandonment was deemed necessary due to:

***Weather/Ground or *Disease or *Other (*please circle)**

Signed: Printed Name:

Chairperson / Fixture Secretary

In the event of **Weather Abandonment/Other**, please provide information on any
Inspection(s) Weather, Conditions and Forecast Weather; along with the required
signatures **to the Area Secretary who will forward it to info@p2pa.co.uk (required for
your HBLB grant submission)**

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Signed: Printed Name:

Senior Steward (or agreed Deputy)

Signed: Printed Name:

BHA Course Inspector BHA or Local (or authorised representative)

Signed: Printed Name:

Clerk of the Course (or authorised representative)

Signed: Printed Name:

Member of Organising Committee (Chair or authorised representative)

Dated: