

Fundy Zone 4 Equestrian Association

Funding Application 2016 - 2017

* Eligible applicants must meet following criteria

* NBEA member - Must provide photo copy of membership

* Resident of Zone 4

* Education - updating for current active

Equine Canada Officials

Equine Canada Coaches

* Hosting Clinics

Nonprofit group preferred

Non discipline specific open to all ages and levels preferred

* Must attach receipts or lodging and meals

* Incomplete applications will NOT be considered

* Priority to applicants who provided information for yearly profile submission

Individual Participant

Applicant Name _____ NBEA # _____

Mailing Address _____ Community _____

Postal Code _____ Phone # _____ Email _____

Clinic Information

Clinic Name _____ Date _____

Location _____

Clinician Name _____ from _____

Qualifications _____

Expected benefit to NBEA members – ex. Official, coach etc.

Expenses

Registration Fee _____ Sub total _____

Accommodation \$ _____ X days _____ Shared _____ single _____ Sub total _____

KM _____ X current NB rate (will be completed by committee) Subtotal _____

Meals _____ Subtotal _____

Signature of Applicant _____ Date _____

Hosting Clinic

Name of Non Profit Group/Member _____

Date of Clinic _____ Location of Clinic _____

Clinician Information

Clinician Name _____ from _____

Qualifications _____

Expected benefit to NBEA members – ex. Official, coach etc. _____

Clinic Expenses

Fee paid to Clinician(s) \$ _____ Accommodations \$ _____ Travel \$ _____ Total \$ _____

List other expenses _____

_____ (must supply receipts) Total \$ _____

Clinic Income

Individual Participant Fee \$ _____ Number of Participants _____ Total \$ _____

Auditor Fee \$ _____ Number of Auditors _____ Total \$ _____

Signature of Applicant _____ Date _____

Applicant Name _____ NBEA # _____

Mailing Address _____ Community _____

Postal Code _____ Phone # _____ Email _____

Mail to:

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