

# Fundy Zone 4 Equestrian Association

## *Funding Application April 1, 2017 - March 31, 2018*

\* Eligible applicants must meet following criteria

- \* NBEA member - Must provide photo copy of membership
- \* Resident of Zone 4
- \* Education - updating for current active
  - Equestrian Canada Officials
  - Equestrian Canada Coaches
- \* Hosting Clinics
  - Nonprofit group preferred
  - Non discipline specific open to all ages and levels preferred
- \* Must attach receipts for 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.

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#### 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. \_\_\_\_\_

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## 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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