



Capital Region Equestrian  
Association

## **Capital Region Equestrian Association**

### **Application for Funding**

The Capital Region Equestrian Association, **Zone 3** of the New Brunswick Equestrian Association receives and allocates funding for equestrian related events and activities on behalf of the *Department of Tourism Heritage and Culture*.

***Funding is only awarded for activities that are open to the public and to all ages and levels.***

Funding may be available for Zone 3 members for the following activities:

- ***Coaching Development***
- ***Officials Development***
- ***Athlete Skill Development***
- ***Travel and participation in Provincial Sport Governing Organization***

Please complete the application and attach all receipts and copies of certificates of attendance.

***Applications for funding should be sent as soon as possible following the activity, and will not be considered after fiscal year end (March 31st).***

***Incomplete applications will not be considered.***

Send applications to:

Capital Region Equestrian Association

c/o Chantal Richard 307 route 617

Burt's Corner, NB

E6L 2S3

Questions: Email: [nbeazone3@gmail.com](mailto:nbeazone3@gmail.com)

**INDIVIDUAL PARTICIPANT**

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Name of Activity: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_ Clinician: \_\_\_\_\_  
Certification: \_\_\_\_\_ Clinician Fee: \$ \_\_\_\_\_  
Travel Costs: \$ \_\_\_\_\_  
Other Expenses: \$ \_\_\_\_\_ Other Expenses Description: \_\_\_\_\_  
Brief Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOSTING A CLINIC**

Name of Non Profit Group: \_\_\_\_\_  
Date of Clinic: \_\_\_\_\_ Email: \_\_\_\_\_  
Location: \_\_\_\_\_  
Clinician: \_\_\_\_\_ From: \_\_\_\_\_  
Qualifications: \_\_\_\_\_

**CLINIC EXPENSES**

Clinician Fee: \$ \_\_\_\_\_  
Accommodations: \$ \_\_\_\_\_  
Travel Costs: \$ \_\_\_\_\_  
Total Cost: \$ \_\_\_\_\_  
Other Expenses: \$ \_\_\_\_\_  
List Other Expenses: \_\_\_\_\_  
(must provide receipts) \_\_\_\_\_  
\_\_\_\_\_

**If applying for funding for a skills development clinic please indicate:**

# of Males: \_\_\_\_\_ # of Females: \_\_\_\_\_ # of Youth \_\_\_\_\_ participating.

**Coaching and Officials:** Please attach receipts and copies of certificates of attendance.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Make Cheque payable to:** \_\_\_\_\_

**For Zone 3 use only:**

Date received: \_\_\_\_\_ Funding allocated: \_\_\_\_\_