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.

Incomplete applications will not be considered.

Send applications to:

Capital Region Equestrian Association c/o Debbie Thomas

172 Atkinson Lane

New Maryland, NB E3C 1J7

Questions: Email: nbeazone3@gmail.com or call 506-447-1209

INDIVIDUAL PARTICIPANT

| Name of Applicant: | | | | Phone: | |
|--------------------|---------|---------------|---------------|--------------|--|
| Mailing Address: | | | | Email: | |
| Name of Activity: | | | | – Date: | |
| Location: | | | Clinician: | _ | |
| Certification: | | | Clinician Fee | e: \$ | |
| Travel Costs: | \$ | | | | |
| Other Expenses: | \$ 0 | ther Expenses | Description: | | |
| Brief Description: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

HOSTING A CLINIC

| Name of Non Profit Gro | up: | |
|-------------------------|---------------------------|---|
| Date of Clinic: | _ | Email: |
| Location: | | |
| _ | | |
| Clinician: | | From: |
| Qualifications: | | |
| | CI | INIC EXPENSES |
| Clinician Fee: | \$ | |
| Accommodations: | \$ | |
| Travel Costs: | \$ | |
| Total Cost: | \$ | |
| Other Expenses: | \$ | |
| List Other Expenses: | | |
| (must provide receipts) | | |
| | | |
| If applying for funding | for a skills developme | nt clinic please indicate: |
| # of Males: | # of Females: | # of Youth participating. |
| Coaching and Officials | s: Please attach receipts | and copies of certificates of attendance. |
| Signed: | | Date: |
| Make Cheque payable | to: | |
| | | |
| For Zone 3 use only: | | |
| Date received: | | Funding allocated: |