

The Western Valley Equestrian Association, Zone 2 of the New Brunswick Equestrian Association, receives and allocates funding for equestrian related events based on funding received from the NB Department of Tourism, Heritage and Culture. Funding *may* be available for the following activities

- Coaching
- Skill Development Activities
- Officials Development
- Travel and participation in Provincial Sport Governing Organizations meetings

Eligible applicants must meet following criteria

- 1. Current NBEA membership Must provide copy of membership
- 2. Resident of NBEA zone 2 (Nackawic to Plaster Rock)
- 3. If applying for hosting of a skills development clinic, <u>all</u> participants must be current members of the NB Equestrian Association. Additionally, each clinician must be a current certified Equestrian Canada coach, or an expert in the field (e.g. AQHA certified judge)

Areas of funding include:

- A. Professional Development (attending updating activities to maintain current active status)
 - a. Officials (e.g. stewards; judges; course designers)
 - b. Equestrian Canada Coaches
- B. Individuals on the pathway to becoming a certified official
- C. Individuals on the pathway to become a certified coach
- A. Skill Development Clinics hosted by Not for Profit clubs.
 - Such clinics must be open to all ages
 - \circ $\,$ Copy of receipts for any claimed expenses must be attached
 - Incomplete applications will NOT be considered
 - \circ Submit the event report form within 10 days of the clinic end date.

Request for Individual Funding

(Complete this form for an individual funding request)

Applicant Name		: NBEA #
Mailing Address		_
Community		
Postal Code	Phone #	
Email		
Event Information		
Event Name		
Date	_Location:	
Description		

Expenses: Attach copies of all receipts.

Registration Fee	Accommodations	Mileage	Meals

Signature: _____

Please complete the application and forward to: WVEA c/o Jill Reid 2090 Rte 165 Woodstock, NB E7M 4H7 Questions? Email jillkreid@gmail.com or call 506-323-8147

Request for funding for Clinic Hosting

Name of Group				
s this group an NBEA	A member?			
Date of Clinic:	Locatio	n:		
Clinician Name:			Certifications:	
Clinician Address:				
Anticipated # of part	icipants			
Adults:		Youth:		
Male Fen	nale Mal	e: Femal	le	
Clinic Expenses				
chine Expenses	Mileage	Meals	Accommodations	Total

Participant Fee	# of Participants	Donations	Other(specify)	Total

Signature: _____

Please complete the application and forward to: WVEA c/o Jill Reid 2090 Rte 165 Woodstock, NB E7M 4H7 Questions? email jillkreid@gmail.com or call 506-323-8147