

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
  - Copy of receipts for any claimed expenses must be attached
  - Incomplete applications will NOT be considered
  - 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				
<b>Event Inform</b>	nation			
Event Name				
Date	Locatio	on:	<del> </del>	
Description				
Expenses: At	tach copies of all rec	ceipts.		
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**

Is this group an NBEA	member?				
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Date of Clinic:	Location	1:			
Zlinician Name:		Certifications:			
Clinician Address:					
Anticipated # of partic	cipants				
Adults:		Youth:			
Male Fema	ale Male	: Female	·		
Clinic Expenses					
Clinician Fee	Mileage	Meals	Accommodations	Total	
Clinic Income:					
Participant Fee #	# of Participants	Donations	Other(specify)	Total	
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