

**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: \$ \_\_\_\_\_

Travel Costs: \$ \_\_\_\_\_ Other Expenses: (Describe) \_\_\_\_\_

Brief Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOSTING A CLINIC**

Name of Non Profit Group: \_\_\_\_\_

Date of Clinic: \_\_\_\_\_ Location of Clinic: \_\_\_\_\_

Clinician Name: \_\_\_\_\_ from \_\_\_\_\_

Qualifications: \_\_\_\_\_

**Clinic Expenses:**

Clinician Fee: \$ \_\_\_\_\_ Accommodations: \$ \_\_\_\_\_ Travel: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

List other expenses: \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ (must supply 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:** \_\_\_\_\_

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