

Region Funding Request Form

Section 1

Date: _____ Region: _____

For Clubs and Affiliate Applicants

Club/Affiliate: _____
Contact person: _____ Contact Person HCBC #: _____
Address: _____
City: _____ Postal Code: _____
Phone #: _____ Email: _____

For Individual Applicants

Name: _____ HCBC #: _____
Address: _____
City: _____ Postal Code: _____
Phone #: _____ Email: _____

Reason for Region Funding Request:

Tell us about your judge or clinician (clinics and competitions only):

Who are your target participants?

How will this benefit your Region members?

**If you are a Club or Affiliate complete Section 2 below.
If you are an Individual go directly to Section 3**

SECTION 2

How many members in your Club/Affiliate/Organization? _____

Are your members HCBC members?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the event open to non-club/affiliate/others?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is this an HCBC or Equine Canada Sanctioned competition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you also applied for Trails Funding?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you also applied for Core Funding?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you also applied for Participation Funding?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you applying for Gaming Funds?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SECTION 3

(All applicants must complete this section)

Date of event or project completion: _____
Anticipated cost: _____
Anticipated income (if applicable): _____
Club/Affiliate/Individual/ contribution (if applicable): _____
Amount requested: _____

Applicant's signature: _____ Date: _____

Office Use Only

Amount Approved: _____
Region Director's authorization: _____ Date: _____
Request denied: _____ Date: _____