

Must be filled out and returned with the appropriate receipts to your Region Director for approval before funding will be released.

Applicant's Name: _____

For Non Clinic/Competition Applications

Event/Project Name: _____
 Event/Project Date: _____
 Number of People involved: _____

For Clinics or Competition Applications

Clinic/Competition Name: _____
 Date of Clinic/Competition: _____ Location: _____
 Clinician/Judge Name: _____ Certified by: _____
 Discipline: _____
 Number of Riders: _____ Number of Auditors: _____
For clinics: # of days _____ # of lessons per day: _____ total number lessons: _____
For shows: # of days _____ # of classes per day: _____ total classes: _____

[illegible]

HCBC #	Birth Year	Gender M/F	Hometown

Attach a second sheet if more space is required.

Proceed to section 2

Section 2

Tell us about the clinic, competition, event or project:

Section 3

Financials-Must be completed by all applicants
Don't forget to attach your receipts

Income

Entries/Registration Fees	_____
Donations other than HCBC	_____
Misc	_____
Total	_____

Expenses

Supplies	_____
Awards	_____
Labour (judges, clinicians, labourers)	_____
Misc	_____
Total	_____
Profit/Loss	_____

Office Use Only

Amount Approved: _____

Amount Sent: _____

Account: _____

Authorized: _____

Approved: _____

Approved: _____

Send Cheque To:

Applicant Name: _____

Address: _____