

HCBC Education Grant Application Form

Club/Affiliate Name: _____

Contact Person: _____

E-mail: _____

Phone Number: _____

Name of Event: _____

Date of Event: _____

Name of Educator: _____

Location of Event: _____

Event Website: _____

How to Register:

Description of Event:

Classroom:

Demonstration:

Mounted:

BUDGET

INCOME

Registrations _____

Donations or Sponsorships (other than HCBC) _____

Total _____

EXPENSES (include facility fees, educator costs, etc.)

Facility _____

Educator _____

Supplies _____

Other _____

Total _____

Profit/Loss _____

Office Use Only

Approved by: _____

Approved by: _____

Approved by: _____