



**HORSE COUNCIL**  
BRITISH COLUMBIA

## HCBC Education Final Grant Report

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Club/Affiliate Name: \_\_\_\_\_  
*(Legal Name for Payment)*

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Event Name: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

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Please tell us about the success of your event. If more space is needed please use a separate sheet. If you have photos from the event, please include them with your e-mail.

Pictures submitted could be used on our social media platforms & publications.

## Event Revenue & Expenditures

### INCOME

Registrations \_\_\_\_\_

Donations or Sponsorships (Excluding HCBC) \_\_\_\_\_

**Total** \_\_\_\_\_

### EXPENSES

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

Facility \_\_\_\_\_

Educator \_\_\_\_\_

Supplies \_\_\_\_\_

Other \_\_\_\_\_

**Total** \_\_\_\_\_

**Profit/Loss** \_\_\_\_\_

*Please Return All completed documents to [finance@hcbc.ca](mailto:finance@hcbc.ca)*

**\*\* Please ensure you have attached the registration sheet and all receipts. \*\***

### Office Use Only

Amount Sent: \_\_\_\_\_

Account: \_\_\_\_\_

Authorized: \_\_\_\_\_

Approved by: \_\_\_\_\_