



HORSE COUNCIL BRITISH COLUMBIA

HCBC Trailhead Advocacy Grant Application

Applicant Contact Details

Application Date: _____

Organization Name: _____

Contact Person: _____

Email: _____ Phone Number: _____

Event Details

Name of Event: _____

Event Date: _____

Location: _____

Where is Event being Advertised:

Description of Event:

Please provide permission from the land manager for the event in writing with this application.

Please submit your application to recreation@hcbc.ca

Office Use Only

Date Reviewed: _____

Approval Email Sent: _____

Comments: