



New Brunswick Equestrian Association Zone 4 Event Form 2009

Must be submitted by March 31, 2010.

Member Name _____ NBEA # _____
 Street Address _____ City _____
 Postal Code _____ Phone # _____

Clinic Information

Clinic Name _____ Date _____
 Location _____
 Expected benefit for other NBEA members

Clinician Information

Clinician Name _____ From _____
 NCCP Level or other
 qualifications: _____

Expenses

Fee per day	_____	Sub-total	_____
Accommodation	\$ _____ x # of Days	Sub-total	_____
Mileage	_____	Sub-total	_____ TOTAL
Other	_____	Sub-total	_____

This section is mandatory for hosting a Clinic or Event

Participants Sr # _____ Jr # _____
 Spectators _____ Auditors _____
 Total income generated from hosting Event/Clinic \$ _____

I agree that this form has been completed honestly to the best of my knowledge

Signature _____ Dated _____

Send to:
 Dawn Brown, 222 RT 870, Collina, NB E5P 1P8

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