



ZONE 5 REQUEST FOR FUNDING

RETURN COMPLETED FORM AFTER EVENT.

Request should be submitted to Zone 5 Regional Director for profile and this form completed upon successful conclusion of clinic/project. Please use a separate page per clinic/project.

Name of Organization/Applicant _____

Date of Clinic/Project _____ Location _____

Purpose of
Clinic/Project _____

Number of Participants: _____ Senior: (____) Junior: (____)

Name of Clinician _____

Address _____

NCCP Level or other Qualification _____

Expenses: Fee per Day _____ Accomodations _____

Travel: _____ Meals _____

Total Clinician Expenses: _____

Other Expenses: Provide details, use additional sheet if necessary:

Total Other Expenses: _____

Total Expenses: _____

Less Income: _____

Total: _____

I hereby confirm that there was liability coverage in force with respect to the ownership of the participating horse/ponies.

Signature of Applicant: _____ Date: _____

Address: _____

Phone: _____ e-mail: _____