



New Brunswick Equestrian Association Zone 4 Event Form 2011

- * Must provide photocopy of current NBEA membership card
- * Must be submitted by January 31, 2012.
- * Clinic hosting funding for non-profit groups only
- * Must attach all receipts.
- * Incomplete applications will not be considered!

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 | _____ <u>attach receipt</u> |
| Mileage | _____ | Sub-total | _____ |
| Other | _____ | Sub-total | _____ <u>attach receipt</u> |
| | | 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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