



EVENTING COMMITTEE DEVELOPMENT FUND

PROVINCIAL DOMESTIC DEVELOPMENT SUPPORT PROGRAMME: CLINIC REPORT & EXPENSE CLAIM

A: CLINIC REPORT

Report Date:		Province:	
Report Filed by:		Email:	
Clinic Title :			
Category: <i>Please circle one</i> – (project under for which funding support application was submitted)	<i>Athlete Development</i>	<i>Competition Development</i>	<i>Coaching Development</i>
Clinic Date :	As per application		OR:
Clinic Location: (venue & address)	As per application		OR:
Clinic Coordinator	Name:		



	Email:	
Clinician(s)	Name:	NCCP certification
	Name:	NCCP certification
	Name :	NCCP certification
Objectives: <input type="checkbox"/> Recruit new participants <input type="checkbox"/> Promote Safety <input type="checkbox"/> Skill Development <input type="checkbox"/> Other (identify)	Did the clinic achieve your planned objectives? Please provide brief explanation as how they were achieved If not why?	



<p>Participation:</p> <p>LTED phases:</p> <p><input type="checkbox"/> Fundamentals</p> <p><input type="checkbox"/> Learn & Train to Ride</p> <p><input type="checkbox"/> Learn & Train to Compete</p> <p><input type="checkbox"/> Learn & Train to Win</p>	<p>Please attach to this report a list of the clinic participants if this was an Athlete Development Clinic – please include names of Athletes and Horses and their level or division and their LTED stage. Did your clinic reach your target group(s)?</p>
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<p>B FUNDING SUPPORT RECOGNITION</p>	<p>Please describe how and where the EC funding support was recognized. (provide examples if available)</p>
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C: CLINIC EXPENSE CLAIM

Note: *In order to be reimbursed, receipts or invoices for eligible expenses must be filed with the CLINIC REPORT AND EXPENSE CLAIM Please note: (Cancelled cheques or credit card statements are not eligible receipts)*

The following are the types of expenses that are eligible for financial support:

Clinician’s honorarium, accommodation and travel, facility rental, equipment rental (show jumps, dressage rings)
 Materials – photocopying, course building materials (logs, rope, nails etc.). Purchase of course building equipment (ie tractor, hammers, chain saws etc) is not eligible.

Date of receipt	Item	Amount requested
TOTAL		



Financial Support Payment is made out to the applicable Provincial Horse Trials Association and sent to the attention of the PHTA Treasurer Please confirm name and mailing address of your PROVINCIAL HORSE TRIALS

TREASURER:

To be eligible for funding support - forward the Clinic Report with Expense Claim within 6 weeks of project completion to:

Eventing Manager
Equestrian Canada
Suite 100, 308 Legget Drive
Ottawa, Ontario CANADA ,K2K 1Y6