Parkland Area Alberta Dressage Association



Application for Education Subsidy

(One form per member please)

ame (as it shou	ld appear on the cheques):		
(0.0 10 0.10 0.10	op p com om and ome quesy,		
ailing Address:			
mail		Telephone	
*** A	maximum of \$250 can be	claimed. Cheques will be m	ailed by January 31 [*]
ducation Subs	idy Claimed:		
Date of Clinic		Location of Clinic	Amount Claimed
(Alberta c	linician claim \$50, Canadia	n clinician claim \$100, Int'l clini	cian claim \$150)
(Alberta c	linician claim \$50, Canadiaı	n clinician claim \$100, Int'l clini	cian claim \$150)
laximum of thre	linician claim \$50, Canadiar		cian claim \$150)
laximum of thre			cian claim \$150)
laximum of thre		essons at \$50 per group	cian claim \$150)

Please let us know at what PAADA associated event you volunteered at. Events could include working on a committee, helping at a PAADA associated clinic, show or promotional event. Please find our Education Subsidy Guidelines under PAADA Forms.

Note: Volunteering is necessary to qualify for your subsidy. The <u>4-hour minimum</u> can be accumulated at more than one event.

Date of Volunteering	Volunteer Activity Description	Amount of Time	Organizer's Signature

l,(print rider r	name)	, acknowled	ge that all the informa	tion I have
provided above is corre- monies owed to me by the Executive.		•		•
			(signature of rid	ler)
Send this original form, November 15 th to:	along with yo	our clinic and/or lesson	attendance forms, pos	stmarked <u>no later</u> than
PA/ADA Educat Rebecca Cade:	•	Program e, Red Deer, AB – T4N	5X5	
Questions about this for pcade @telusplanet.net		cation Subsidy Progran	n may be directed to <i>R</i>	Rebecca Cade at:
For PA/ADA use only: _				
	Cheque #	Amount Approved	Date Approved	Initials

Parkland Area Alberta Dressage Association



Clinic Attendance Form

(One form per participant please)

Name of Event:		Date:	
Location of Event:		Organizer:	
Participant's Name (please print)	PA/ADA#	Clinic Fee	Signature of Organizer
I do hereby certify that I have attended or ridden at the above dressage clinic and that all the information provided above is correct to the best of my knowledge.			
		Signatui	re of Participant
This document is intended for audit's Executive to pay out any subsithe rider by November 15 th of the Form.	idy funding. S	Subsidy monies	must be applied for by
This attendance form must be fully Once completed, keep a copy for form along with your Application for	your records	then forward thi	s original, completed

PA/ADA Education Subsidy Program Rebecca Cade: 57 Wright Ave, Red Deer, AB – T4N5X5

Questions about this form or the Education Subsidy Program may be directed to *Rebecca Cade* at: pcade@telusplanet.net

Parkland Area Alberta Dressage Association



Lesson Attendance Form

LESSON GROUP # (1. 2 or 3):

		• • • • • • • • • • • • • • • • • • • •		
Date:	Instructor:	Location:	Instructor Initials:	
Date:	Instructor:	Location:	Instructor Initials:	
Date:	Instructor:	Location:	Instructor Initials:	
Date:	Instructor:	Location:	Instructor Initials:	
Date:	Instructor:	Location:	Instructor Initials:	
Date:	Instructor:	Location:	Instructor Initials:	
Date:	Instructor:	Location:	Instructor Initials:	
Date:	Instructor:	Location:	Instructor Initials:	
Participa	nt's Name (please print)		PA/ADA Member #	
			<u> </u>	
I		_ do hereby certify that I have at	9	
lessons a	nd that all the information p	rovided above is correct to the b	est of my knowledge.	
		Signature of Rider		
Executive		ourposes only. It does not obligated ing. Subsidy monies must be appropriate form.		

This attendance form must be fully completed with required initials for processing. Once completed, keep a copy for your records then forward this original, completed form along with the Education Subsidy Application form to:

PA/ADA Education Subsidy Program Rebecca Cade: 57 Wright Ave, Red Deer, AB - T4N5X5

Questions about this form or the Education Subsidy Program may be directed to Rebecca Cade at: pcade@telusplanet.net