

## Clinic Subsidy Request to Alberta Dressage Association

<b>Submitted by</b> (area group or individual with contact information for follow up)	<b>Name:</b> <b>e-Mail:</b> <b>Phone:</b> <b>ADA Area Group:</b>
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<b>Date</b>	
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<b><u>The Clinician</u></b> (please give all information regarding the event and/or clinician. This should include credentials of clinician)

<b><u>Clinic Goals</u></b> (what are the goals and expectations for the event)

<b><u>Clinic Details</u></b>
Clinic Organizers: (should be ADA members of an area group)
Clinic Level: (target participant\audience)
Location:
Clinic Dates:
Number of Riders\Participants:
Number of Spectators\Auditors:

<b><u>Sponsorship Request</u></b> (include requested amount and budget approved by organizers)

<b><u>Benefits to the ADA</u></b>

Form can be printed and completed manually, or filled in electronically.  
Include all relevant documentation. Use additional pages for sections if required.  
Please submit via e-mail to [ADA@albertadressage.com](mailto:ADA@albertadressage.com).