MHC use only
Rec'd: ______________
Approved: ☐ ______________
Grant Amount: ______________
Club notified: ☐ ______________

Provincial Clinic Support Program
Application Form

Club Name:

Clinic Title:

Date/s:

Clinic Location: (venue and address)

Clinic Co-ordinator:

Phone:

Email:

The Purpose/Objectives of the Clinic:

Target Group and Participant Numbers

Elite Athletes ☐ Grassroots Riders ☐ Both ☐

Anticipated maximum number of participants ____________

Clinician/s

Please note that all clinicians must be certified at Equine Canada Competition Coach Specialist (CCS) – former Equine Canada Coach 2 – or above. If this is not the case, please attach the clinician's resume.

Name: ______________________________ Certified CCS or higher ☐ OR Resume attached ☐

Name: ______________________________ Certified CCS or higher ☐ OR Resume attached ☐

Name: ______________________________ Certified CCS or higher ☐ OR Resume attached ☐

Name: ______________________________ Certified CCS or higher ☐ OR Resume attached ☐

Projected Budget

Expenses	
Facility Rental	
Equipment Rental & Materials	
Clinician Honoraria	
Clinician Accommodation	
Clinician Travel	
Total	

Income	
Participant Fees	
Other	
Total	

Total Projected Deficit/Surplus

Club President:

Signature:

Manitoba Horse Council

Provincial Clinic Support Program
Post-Clinic Report

Club Name:

Clinic Title:

Date/s:

Grant allocated:

Clinic Location: (venue and address)

Report submitted by:

Phone:

Email:

How did the clinic achieve the planned objectives?:

Participation

Did the clinic reach the target group? Yes ☐ No ☐

Please attach a list of clinic participants to this report.

Clinic Budget – Please list all clinic expenses and income. Receipts need only be attached for expenses up to the value of the grant.

Expenses	
Facility Rental	
Equipment Rental & Materials	
Clinician Honoraria	
Clinician Accommodation	
Clinician Travel	
Total	

Income	
Participant Fees	
Other	
Total	
Total Projected Deficit/Surplus	

Club President:

Signature:

MHC use only

Rec'd: ___________________ Receipts attached: ☐ Approved by: __________________________

Grant to be paid: ___________________ by cheque #________________ mailed ___________________.

Notes:____

____

____