

**Training Grant Application Form**

**Riding Club Name:** .....................................................................................................................................

**Event Name:** ................................................................................................................................................

**Date of Event:** .............................................................................................................................................

**Address of Event:** .......................................................................................................................................

......................................................................................................................................................................

**Details of Event:** .........................................................................................................................................

......................................................................................................................................................................

......................................................................................................................................................................

**Cost of Grant Applied for:** ……...............................................................................................................

**How Grant will be used:** ............................................................................................................................

......................................................................................................................................................................

......................................................................................................................................................................

**Contact Name:** ...........................................................................................................................................

**Email:** ............................................................... **Tel No.:** ........................................................................

Please fill in and return to the Area 10 Training Officer, once returned the form will be put up for approval.

An accounts form will sent out to be completed after the event, this must be filled in and returned to be able to offer any training grant payments.

Please return to Sam Prior - **samjprior@yahoo.com**