



Athlete Development Program
2019-2022 Funding Assistance Application

Island Horse Council
40 Enman Cres, Charlottetown, PE C1E 1E6
902 620 3888 • office@islandhorsecouncil.ca
www.islandhorsecouncil.ca

Applicant's Information

Name: IHC#:

Address:

City: Prov.: Postal Code:

Phone: Email:

Event Information

Event Name:

Date: City: Province:

Description of Event (clinic, training camp, what was involved, etc):

How did the event develop your skills or help you reach a training goal?

Budget and Funding Request

Revenue: (Income sources, if any: grants, sponsors, other funding sources, etc)

Total Revenue:	
Expenses: (course fee, clinic fee, travel, accommodations, etc) Attach Copies of Receipts	
Total Expenses:	
Total Revenue Minus Expenses:	
Amount of Funding Requested from IHC:	

Payment Method:

If approved, payments will be sent via Etransfer. If you are unable to accept Etransfer, please indicate you will need a cheque as payment. Cheque

Final Submission Requirements

Remember to:

- Complete the Form in full including Budget & Funding Request
- Attach relevant receipts or proof of payment with attendance record
- Submit a separate application for each event

Send Application to office@islandhorsecouncil.ca and Cc treasurer@islandhorsecouncil.ca

Name: Date:

Signature: _____

IHC Office Use Only

Date Received: <input style="width: 150px;" type="text"/>	Received by: <input style="width: 150px;" type="text"/>	
<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>
Date Responded:	Amount Paid:	Payment Method: