

## BRDC EQUI-SHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ BRDC Member: \_\_\_\_\_ Yes \_\_\_\_\_ No

Camp/Clinic/Interscholastic Program:

\_\_\_\_\_

Address: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Cost: \_\_\_\_\_

Are you using your own horse? \_\_\_\_\_

Equine experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you attended other camps or clinics? \_\_\_\_\_

Please write and attach a two to three paragraph essay stating why you believe you should be awarded this equi-ship. Are you willing to give a written follow up report on your camp or clinic experience? \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Parent signature required for youth riders under 18 years of age.

**“Applicant is responsible in making sure the program they will be attending has sufficient liability insurance”.**

The purposed “event” must meet the following criteria:

- A camp or clinic for children or adults that are learning about horsemanship.
- Intercollegiate or interscholastic programs such as IEA, IHSA, Pony Club & 4-H are accepted.
- It is not necessary to own your own horse.
- The event must be held in 2015.
- BRDC members get preferred status.

**Equi-ship money may not be used for horse training, riding lessons, equipment or clothing apparel.**

Mail forms to: BRDC Equi-ship  
PO Box 25  
Barre, MA 01005

Deadline for Equi-ships is June 1, 2015.

For more information or questions please contact:  
Denise Kellicker at [maeimage@gmail.com](mailto:maeimage@gmail.com) or 508-277-5671.

If you are awarded a BRDC Equi-ship, you must fill out the attached proof of attendance after the event and have it signed by the appropriate instructor or clinician. Mail it back to the address on the form and you will be reimbursed the scholarship amount.

BRDC EQUI-SHIP  
PROOF OF ATTENDANCE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Program: \_\_\_\_\_

Date: \_\_\_\_\_

No. of days Attended: \_\_\_\_\_

Event Coordinator or Instructor's Name and Signature:

\_\_\_\_\_

Cost of Event: \_\_\_\_\_

Please mail to BRDC EQUI-SHIP  
Clare Barnes  
382 Old Petersham Rd  
Barre, MA 01005

A check for \$200.00 will be mailed to you once the proof of attendance has been received. We would love to hear about your experience, please send us a summary of the event you attended. This is not a requirement.