BRDC EQUI-SHIP APPLICATION

Name:		
Address:		
City:		_ State Zip
Phone:	E-mail	:
Age: 6-12yrs old	13-18yrs old	19 & Up
Camp/Clinic/Intersch	nolasticProgram:	
Instructor's Name:		
Phone:		
Event Date:	Ev	ent Cost:
Are you using your o	wn horse?	
Equine experience?_		
Have you attended o	other camps or clinics	?
believe you should b	e awarded this equi-s	ragraph essay stating why you ship. Are you willing to give a clinic experience?
Signature:		Date
		s 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 2018.
- BRDC members get preferred status.

Equi-ship 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, 2018.

For more information or questions please contact: Jane Lynds at lyndsrjsb@aol.com.

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 Coord	dinator or Instructor's Name and Signature:
Cost of Ever	nt:
Please mail to	BRDC EQUI-SHIP PO Box 25 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.