



**GRANT INFORMATION**

Member Club:

Contact Person:

Address:

City/Town:

Postal Code:

Phone Number:

Fax:

Email:

Please describe the event attended. Include location and date of event. Describe how the team fits the profile as ambassadors for the province of Saskatchewan

**TEAM MEMBERS: (EACH Team Member *Must* be an Individual Member of the current year)**

SHF#	Full Name	Mailing Address	Postal Code

<b>Coach:</b>		
<b>Address:</b>		<b>City/Town:</b>
<b>Postal Code:</b>	<b>Phone Number:</b>	<b>Email:</b>
<b>Manager:</b>		
<b>Address:</b>		<b>City/Town:</b>
<b>Postal Code:</b>	<b>Phone Number:</b>	<b>Email:</b>
<b>Financial Report</b>		
Transportation (Athletes)	\$	Receipts must be attached
Transportation (Horses)	\$	
Entry Fees	\$	
Coaching Fees	\$	
Meals	\$	
Accomodations	\$	
Other	\$	
<b>TOTAL EXPENSES</b>	<b>\$</b>	
<b>Results:</b>		
Please list all individual, discipline, and team placings achieved at the event as well as how many competitors within each class and division they competed against.		
Signature of Authorized Club Member		Date
<b>Saskatchewan Horse Federation Office Use only</b>		
Amount Approved:	Authorization:	Date:
Payment date:	Cheque #:	Amount Paid: