



COMPETITION IMPROVEMENT PROGRAM
Application for Funding under PART A

Name of Event: _____

Contact Name: _____

Phone Number: _____

E-Mail Address: _____

PART A: COURSE DESIGN

Cross Country – 50% to a maximum of \$750 – one claim per year

Name of Designer/Builder: _____

Brief Description of Plan/Intended Schedule of Work: _____

Invoice Total: _____ Claim total: _____

Stadium - 50% to a maximum of \$200 – one claim per event

Name of Course Designer: _____

Number of courses designed: _____

Invoice Total: _____ Claim total: _____

Signature Date: _____

Signature

Claims under Part A must be for work completed from November 1st to October 31st of the current year and must be submitted by October 31st each year.

Please include copies of all receipts/invoices and submit to:
Bernadette Johnston
finances@ontarioeventing.ca