



PO Box 30011, Whitehorse, YT Y1A 5M2 | Email: equineyukon@gmail.com

Training and Coaching Support for Rural Riders April 1, 2018 to December 31, 2018

Equine Association of Yukon applied for and received Yukon Sport for Life grant funding for rural rider support for 2018/2019. This funding is provided with the assistance of the Government of Yukon and the Yukon Lottery Commission.

EAY will provide a subsidy of up to **\$100 each** to rural EAY members for lesson expenses with local or visiting instructors/coaches/clinicians, from April 1, 2018 to December 31, 2018. This may include expenses incurred by rural members bringing instructors/coaches/clinicians to a rural community **OR** expenses incurred by rural members bringing their horses to Whitehorse (and the Whitehorse periphery) on a temporary basis to access instructor/coach/clinician opportunities.

Lesson expenses may include actual lesson costs, costs incurred by participants in having instructors/coaches attend their communities (travel costs only – does not include hotels/meals/ incidentals), costs incurred by participants in having to travel with their horse to Whitehorse (and periphery) to attend opportunities (travel costs only – does not include hotels/meals/ incidentals).

Expenses must have been incurred while the recipient was a 2018 EAY member.

Receipts must be provided for all costs claimed.

Rural EAY members are defined as members and their horses living at least 50 km outside of the city limits of Whitehorse.

Instructors/coaches/clinicians must either be members of EAY or members of an equivalent organization in their own jurisdiction, for insurance purposes.

Please complete the following application and submit it, with receipts, to the address above or submit scanned images to equineyukon@gmail.com by December 31, 2018. Funding is limited, therefore “**first come, first served**”.

EAY Member Name: _____ **2018 EAY#:** _____

Address: _____

Dates and Locations of Lessons: _____

Name and Certification (if any) of Local or Visiting Instructors/Coaches/Clinicians:

Total lesson/travel expense amount claimed – please attach receipts: _____

Date: _____ **Signature:** _____

(Parent Signature if Junior Claimant)

EAY USE ONLY:

Date Received: _____ **Approval signature:** _____ **Date:** _____