

ACTRA Promotional Event

Request for funds

Print page and **mail** to: Russlyn Patriquin-Dyke 1763 Antrim Road, Carroll's Corner, NS, B0N 1Y0.

Or scan and email to: pr@atlanticriders.ca

Proposed Event: __Clinic __Trade Show __Presentation

Other: _____

Event Date: _____

Organizer: _____

Presenters / Clinicians:

Location: _____

Planned Audience: _____

Admittance fee: \$ _____

Expected total cost of event: \$ _____

Expected total revenue of event: \$ _____

Amount requested: \$ _____

Proposed purpose of funds: __Printing __Speaker __Venue

Required Date: _____

Other : _____

Will the proceeds be donated to ACTRA: __ Yes __ No

Note: Please, only one request per sheet.