

ACTRA Promotional Event

Request for funds

Print page and mail to: Rene Mersereau, PO Box 14, Collingwood Corner, NS B0M 1E0
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.