



### **Introduction:**

Camp Quarter Horse is an initiative of the AQHA to encourage, support & promote Youth development within the Australian Quarter Horse & equine industry.

### **Aim:**

The AQHA aims to encourage Affiliates to hold at one Camp Quarter Horse in each state, each year.

### **How Does it Work:**

Applications to hold Camp Quarter Horse are submitted by tender, each state is allocated a maximum of one Camp Quarter Horse per year.

Any Affiliate can tender to hold that Camp Quarter Horse, it is not restricted to State Affiliates.

Camps must be held during school holidays or on a long weekend.

Take the information received in this pack to your club meeting and discuss if you believe your Affiliate can meet the requirements required to run a Camp Quarter Horse successfully.

If you decide that you can meet the requirements you need to fill out the "Application Form" and return it fully completed to our office.

The Affiliate Coordinator will ensure that the relevant information has been received then forward a copy to the AQHA General Manager who along with the Youth Director will process your application.

If your application is approved you will then be able to take the logistical steps required to run your Camp Quarter Horse.

### **What is the AQHA's Commitment:**

The AQHA will provide a \$1,000.00 subsidy for the Affiliate holding the Camp, this payment is to assist in the financial running of the camp and is paid to the Affiliate after the event is held and on the submission and approval of the subsidy claim form at the discretion of the AQHA General Manager.

The AQHA will also provide promotional material such as stickers and brochures to be used during Camp Quarter Horse.

If requested the AQHA will also provide merchandise including caps at a discounted rate for the Affiliate to sell as a fundraiser.

### **What is the Organising Clubs Commitment:**

The Affiliate is to ensure that they have adequate funding enabling them to run a successful Camp Quarter Horse.

The Affiliate will conduct the entire logistical organisation for the smooth running of Camp Quarter Horse, including but not restricted to booking the arena, coordination with Trainers etc.

The Affiliate will also forward photo's and an article for publication in Quarter Horse News to the AQHA within 14 days after the completion of the Camp Quarter Horse.

### **Application:**

Attachment 1a is an "Application to hold Camp Quarter Horse", any Affiliate wishing to apply for a Camp Quarter Horse will be required to fill in the application form and return it to the AQHA office at least 60 days prior to date that they wish to hold the Camp Quarter Horse.

### **Claim for Subsidy:**

Attachment 1b is the "Claim for Subsidy" form that the Affiliate will need to fill in and return to our office at the completion of Camp Quarter Horse.

Affiliates need to be aware that if they have any outstanding invoices with the AQHA eg: Caps to sell at Camp Quarter Horse, will be taken out of the subsidy prior to payment of your funding.



## APPLICATION TO HOST CAMP QUARTER HORSE

### ORGANISING COMMITTEE DETAILS

Name of Organising Affiliate: \_\_\_\_\_

AQHA Membership #: \_\_\_\_\_

Affiliate Secretary: \_\_\_\_\_ Contact Number: \_\_\_\_\_

#### Clinic Organiser :

*This Person's contact details will be published on the website and in QH News, all correspondence regarding the camp will also be forwarded to this person.*

Name: \_\_\_\_\_ AQHA Membership # \_\_\_\_\_

Position in Affiliate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Business Hours: \_\_\_\_\_ Phone After Hours: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

### CLINIC LOGISITICS

First Date: \_\_\_\_\_ Starting Time: \_\_\_\_\_

Last Date: \_\_\_\_\_ Finish Time: \_\_\_\_\_

This Clinic is to be held during: School Holidays / Long Weekend

Location: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

Full Description of Arena Surface: \_\_\_\_\_

Contact at Show: \_\_\_\_\_ Contact Number: \_\_\_\_\_

First Aid Provider: \_\_\_\_\_

Deadline for Entries: \_\_\_\_\_

### CLINICIAN DETAILS & PROMOTION

Please detail the disciplines to be covered Clinician who will conduct the lesson.

Clinician Name	Disciplines	Booked
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Please detail how you intend on promoting Camp Quarter Horse:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This application must be signed after you have read and understand the rules and requirements regarding Camp Quarter Horse. You understand that submitting this Application form does not automatically allow Approval for your Affiliate to conduct a Camp Quarter Horse, you understand and agree that you will receive written notification advising if your application has been accept or otherwise.*

*You understand and agree that the subsidy will not be paid until after the camp, a subsidy form has been submitted and the AQHA are satisfied that all requirements have been met.*

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Position: \_\_\_\_\_ Dated: \_\_\_\_\_

### ORGANISING COMMITTEE DETAILS

Name of Organising Affiliate: \_\_\_\_\_  
 AQHA Membership #: \_\_\_\_\_  
 Affiliate Secretary: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Clinic Organiser :

*This is the person we will contact should we need to confirm any details listed in this Subsidy Claim form..*

Name: \_\_\_\_\_ AQHA Membership # \_\_\_\_\_  
 Position in Affiliate: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Business Hours: \_\_\_\_\_ Phone After Hours: \_\_\_\_\_  
 Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

### CLINIC LOGISITICS

First Date: \_\_\_\_\_ Last Date: \_\_\_\_\_  
 Location: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

### CLINICIAN DETAILS & PROMOTION

Please detail the disciplines to be covered Clinician who will conduct the lesson.

Clinician Name	Disciplines	AQHA Member
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

How many Youth attended your Camp Quarter Horse? \_\_\_\_\_

How many new members joined your Affiliate as a results of Camp Quarter Horse? \_\_\_\_\_

*Please attach a full a list of new members including AQHA membership numbers.*

Please attach evidence of where Camp Quarter Horse was promoted: Attached

*Eg: photo's, advertising or media releases*

Please attach a copy of your Article for publication in QH News along with relevant photos: Attached

**Return this Subsidy Claim Form fully completed with all relevant supporting documentation attached to:  
 Affiliate Coordinator, AQHA  
 PO Box 979, TAMWORTH NSW 2340**

### OFFICE USE ONLY

Has all criteria been met: Yes  / No

Total Amount of Subsidy: \$ \_\_\_\_\_

Less Money Owing to AQHA: \$ \_\_\_\_\_

Balance Paid to Affiliate: \$ \_\_\_\_\_

Method of payment: \_\_\_\_\_ Date paid: \_\_\_\_\_