



SUBSIDY CLAIM FORM

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: _____