



APPLICATION FOR BEF FUNDING OR REPRESENTATION

APPLICANT'S NAME: _____

CONTACT
ADDRESS/EMAIL/PHONE: _____

BEF MEMBERSHIP NO: _____ AFFILATE MEMBERSHIP NO. _____
BIRTHDATE: (Juniors only) _____

AMOUNT OF FUNDING REQUESTED: *(Please provide details of proposed expenses)* \$ _____

DESCRIPTION OF *EVENT* *(including name, location, dates)*:

EQUESTRIAN QUALIFICATIONS *(only if required to attend event)*

LIST PREVIOUS BEF SPONSORSHIPS: *(for past 2 years)*

EQUESTRIAN ACHIEVEMENTS *(for past 2 years)*

PLEASE LIST EQUESTRIAN VOLUNTEER ACTIVITIES *(for past 2 years)*

WHAT DO YOU HOPE TO ACHIEVE BY ATTENDING THIS EVENT:

DATE: _____ SIGNED: _____