



ADA Competition Travel Grant Letter of Intent

The ADA Travel Grant Committee has budgeted certain funds for the calendar year. ADA would like to support riders who are selected to participate in International and National Competition.

If you are interested in a Competition Travel Grant for ____ (Year) to attend one of the final selection trials mentioned below, please send in this "Letter of Intent" before the event occurs. Only riders who have sent in this form will be eligible for a grant (exceptions: the Young Rider Coordinator must send in the form for the team). Both rider and owner must be members of ADA in good standing for either one to be eligible for grants. In the case of the NAJYRC, the grant or some part of it, may be sent to the Chef or the Team Member, at the discretion of the committee. The 2010 maximum amount per person is \$ _____. No travel grants will be awarded to events within Arizona.

Date _____ Name of Rider _____

Permanent Address of rider _____

Telephone _____ Cell Phone _____

Email _____ Social Security _____

Name of horse(s) _____

Owner's Name _____

Owner's Address _____

Owner's Phone _____ Owner's Cell Phone _____

Owner's Email _____ Owner's Social Security _____

To whom should the check be made payable? _____

Please check the eligible competition(s) you are hoping to attend:

- | | |
|---|---|
| <input type="checkbox"/> North American Junior Rider Championship | <input type="checkbox"/> Dressage Seat Medal Finals |
| <input type="checkbox"/> North American Young Rider Championship | <input type="checkbox"/> Para-Equestrian National Championships |
| <input type="checkbox"/> Gladstone Festival of Champions-Intermediare I | <input type="checkbox"/> Gladstone Festival of Champions Grand Prix |
| <input type="checkbox"/> National Young Horse Dressage Championships | <input type="checkbox"/> Developing Horse National Championships |
| <input type="checkbox"/> Brentina Cup | |

If awarded a grant are you willing to:

Write an article on your experience for The Centerline? _____ Yes _____ No

Speak at Event/Meeting? _____ Yes _____ No

I plan to contribute back to the ADA Membership by (check your preference):

- | | |
|--|---|
| <input type="checkbox"/> Working with Juniors/Young Riders | <input type="checkbox"/> Working with Amateurs |
| <input type="checkbox"/> Help on Annual Meeting | <input type="checkbox"/> Help/Support Championship Show |
| <input type="checkbox"/> Other: _____ | |

Signature _____ Date _____

Note: Payment will be made upon return from the event for which the grant has been made.
Return Letter of Intent to Arizona Dressage Association * PO Box 31602 * Phoenix, AZ 85046-1602