



**Alberta
Equestrian
Federation**

AEF Event Application

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Due to the number of requests the AEF receives for events (AEF hosted, ideas for clinics/events, offers to administer, AEF endorsed, etc.) this information sheet must be completed. It's important that the information provided below allows for the AEF to fairly and accurately evaluate all aspects of each request, including feasibility, credibility, etc.

To be considered for the next fiscal year, applications should be received by August 31.

Contact Information:

Name: _____ AEF #: _____

Address: _____

City: _____ Prov./Territory: _____ Postal Code: _____

Telephone: _____ Email: _____

Event Information:

Event Name: _____ Date Requested: _____

Proposed Event Timeline: 1 Day 2 Days Other: _____

How Many People Do You Expect: _____ Age Group: Youth Adult Seniors

Event Details:

Facility/Venue Requirements:

Who Will Benefit From This Event:

What is the approximate total cost involved with this event? Please attach a budget to produce this event.

Estimate Net Income: _____

Please attach any additional information you think may be applicable.

Clinician Information: *If applicable*

Name of Clinician: _____ Residence of Clinician: _____

Clinicians Background: