



Ontario Horse Trials Association

Application for Competition Improvement Funding

Name of Event: _____

Contact Person: _____

Phone: _____

Fax: _____

Email: _____

Part: 1 Course Design

Name of Designer/Builder: _____

Date of Plan Preparation: _____

Invoice Total (please attach): _____

Please provide/attach a brief outline of intended work & schedule

Part 2: Course Improvement Implementation

Invoice(s) Total (please attach): _____

Please provide/attach a brief description of work done, including level of course