



**APPLICATION FOR APPROVAL OF EVENT  
 PERCHERON HORSE ASSOCIATION OF AMERICA EDUCATION & CHARITABLE FUND  
 MATCHING FUNDS PROGRAM  
 (UP TO \$500.00 AVAILABLE )**

Event Name and Brief Description \_\_\_\_\_

Organization Sponsoring Event \_\_\_\_\_

Date of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Contact(s) for Event \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Expected Number of Participants \_\_\_\_\_ Youth (under 18) \_\_\_\_\_ Adults \_\_\_\_\_

Please list amount of expected expenses below. ( Example : Facility Rent & Speaker etc. )

	Amount\$
	Amount\$
	Amount\$
	Amount\$
	Amount\$

Total Estimated Expenses \$ \_\_\_\_\_

Signature (Person Responsible for Event ) \_\_\_\_\_

**Forward Completed Application to :**

**P.H.A. o A. Education & Charitable Fund, 7675 N. Welling Rd., St. Johns, MI 48879 or  
 bluestarperch@frontier.com**

**The person signing the application will be notified of Trustee action, by phone or e-mail.**

**Upon**

**completion of event and final accounting of expenses, mail or e-mail information to above  
 addresses. A check for Matching Funds will be mailed to the person named on the applica-**

**tion**

**form. Please forward Photos and a Write up of the event for postings on the P.H.A. o A.  
 Educational & Charitable Fund Web Site and Facebook account.**

**Note: This form may be reproduced or forms are available from above address.**

