



Roping in families since 2006!

# REGIONAL EXPENDITURE APPLICATION

Name: ..... R.E.A. Date: .....

Value (A): ..... Region: .....

Description of the Proposed Expenditure: .....

.....  
.....  
.....

- Type:**  Clinic  
 Trophy  
 Equipment  
 Maintenance  
 Labour  
 Event

Positives:

1. ....
2. ....
3. ....

How many members will benefit?  0-20  21-40  41-60  61-80  80+

Negatives:

1. ....
2. ....
3. ....

Supplier of Goods/Service: .....

Regional Representative: ..... Do they endorse?  Yes  No

Have you obtained majority regional member support?  Yes  No  N/A

How did you engage the regional member base?  Written  Verbal  At an event

Do you have evidence of supporting documentation attached?  Yes  No  N/A

Supporting Documentation:

1. ....
2. ....
3. ....
4. ....

Applicant Name: ..... Signature: ..... Date: .....

### OFFICE USE ONLY

Current Regional Balance (B) \$	Expenditure Ratio Percentage (%) (A/B) %	Number of Prior Applications within the Current Season
Current Regional Members (D)	Member Benefit Ratio Percentage (%) (C/D) %	Opportunity for positive media exposure? Yes <input type="checkbox"/> No <input type="checkbox"/>

**APPROVED**  **DENIED**  **COMMUNICATE TO APPLICANT** Yes  No

Office Manager on behalf of Board of Directors (Majority Vote)

NAME Treasurer	SIGNATURE	DATE
NAME	SIGNATURE	DATE