

# NORTH AMERICAN TRAIL RIDE CONFERENCE

www.natrc.org, natrc@natrc.org, 303-688-1677



## CLINIC REPORT & REQUEST FOR INSURANCE REIMBURSEMENT

After your clinic or publicity booth, please complete and mail this report to the NATRC™ Executive Administrator at PO Box 969, Beatrice, NE 68310.

Funds are available from NATRC to assist with the cost of required liability insurance for your clinic. If requesting reimbursement, also specify cost of your insurance in the space provided.

### **REPORT**

Name of Clinic \_\_\_\_\_

Location \_\_\_\_\_

Date(s) \_\_\_\_\_ Region \_\_\_\_\_

Number of Participants \_\_\_\_\_ Number of Instructors/Personnel \_\_\_\_\_

Number of Equines at Clinic, Including Participants' Equines \_\_\_\_\_

Names of Instructors and Topics covered (use separate sheet/page if necessary):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

Summary of Clinic Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **REIMBURSEMENT REQUEST**

Cost of Insurance purchased for this clinic: \$ \_\_\_\_\_

Two clinics per region will be reimbursed \$100 for insurance costs determined by the earliest clinics to apply for sanction and request the \$100 reimbursement.

Make check payable to: \_\_\_\_\_

Send reimbursement to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_