



# Clinic Sponsorship 2024 Application

## Details of the Club or Association

Club name: .....

Contact Person: .....

Contact number: ..... Email Address: .....

Bank Details: BSB ..... Account no. ....

ABN (if applicable): .....

## Please select sponsorship type

\$750 Sponsorship (hosted by Educator)

\$500 Sponsorship

Clinic to be hosted by: .....

## Executive summary

Please provide the following details, which are applicable to your sponsorship type selected:

- Clinic Sponsorship - summary of Clinic activities and clinic duration.

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## Please provide an estimated number of Off The Track Participants:

This estimation should be based off Thoroughbred participation in .....  
previous years.

## Please provide clinic costing for participants:

Thoroughbred competitors will be offered a 50% reimbursement by TRNT .....  
Off The Track.

Please provide the clinic date/s & location: .....