

## BRDC EQUI-SHIP APPLICATION 2026

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age: 6-12yrs old \_\_\_\_\_ 13-18yrs old \_\_\_\_\_ 19 & Up \_\_\_\_\_

Camp/Clinic/Interscholastic Program:

\_\_\_\_\_

Address: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Cost: \_\_\_\_\_

Are you using your own horse? \_\_\_\_\_

Equine experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you attended other camps or clinics? \_\_\_\_\_

Please write and attach a two to three paragraph essay stating why you believe you should be awarded this Equi-ship. Are you willing to give a written follow up report on your camp or clinic experience? \_\_\_\_\_

☐ Check here to agree BRDC may pass your contact info to Equid-Doc so they may publish your scholarship award

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent (if rider under 18): \_\_\_\_\_

**“Applicant is responsible in making sure the program they will be attending has sufficient liability insurance”.**

**The purposed “event” must meet the following criteria:**

- A camp or clinic for children or adults that are learning about horsemanship.**
- Intercollegiate or interscholastic programs such as IEA, IHSA, Pony Club & 4-H are accepted.**
- It is not necessary to own your own horse.**
- The event must be held in 2026.**
- BRDC members get preferred status.**

**Equi-ship may not be used for horse training, riding lessons, equipment, or clothing apparel.**

**Mail forms to: BRDC Equi-ship  
PO Box 25  
Barre, MA 01005**

**Extended Deadline for Equi-ships is August 30<sup>th</sup>, 2026.**

**For more information or questions please contact:  
Jane Lynds at [lyndsrjsb@aol.com](mailto:lyndsrjsb@aol.com).**

**If you are awarded a BRDC Equi-ship, you must fill out the attached proof of attendance after the event and have it signed by the appropriate instructor or clinician. Mail it back to the address on the form and you will be reimbursed the scholarship amount.**

**BRDC EQUI-SHIP**  
**PROOF OF ATTENDANCE**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Program:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**No. of days Attended:** \_\_\_\_\_

**Event Coordinator or Instructor's Name and Signature:**

\_\_\_\_\_

**Cost of Event:** \_\_\_\_\_

**Please mail to BRDC EQUI-SHIP**

**PO Box 25**

**Barre, MA 01005**

**A check for \$200.00 will be mailed to you once the proof of attendance has been received. We would love to hear about your experience. Please send us a summary of the event you attended,** along with a picture of you and your horse at the event.

EquidDoc Veterinary Services will post a brief summary of your experience and your picture on their FaceBook page.