



Clinic Sponsorship 2026 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: