REGION 2
ARABIAN HORSE ASSOCIATION

Region 2 Budget Request

Committee/Commission/Activity
For the Year of 2026

Name of Committee, Commission or Activity:

_____

Name, address and telephone/email of person(s) with the authority to request payment or reimbursement (only this person(s) will be recognized) for financial transactions:

_____

_____

Line item identification of anticipated income:

_____

Line item identification of requested funding

_____

Total request above projected income:

_____

By: _____

Signature of person of authority

Return to:

Kim Dahmen: Grneyedlady13@gmail.com