

DATE APPLICATION FORM 2020-21

PO Box 964, Tamworth, NSW, 2340
 Fax: (02) 6767 9220 Email: general@abcra.com.au

ZONE CONDUCTING CLINIC:

ADDRESS OF CLINIC VENUE:

..... **STATE:** **PC:**

DATE OF CLINIC: **TIME OF CLINIC:**

COST TO EACH PARTICIPANT (if applicable to cover catering, venue costs etc):

Please submit this Date Application to your Zone and ensure date approval is received from Head Office

FACILITATOR/S NAME/S:

Telephone.....

ANY OTHER COMMENTS FOR CLINIC ADVERTISEMENT: (adverts must be received 1st of month prior for inclusion in magazine)

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