|  |  |
| --- | --- |
| send to: | PPTA TE WEHENGARUA NATIONAL OFFICE |
|  | Fax: (04) 382 8763 | Post: PO Box 2119, Wellington |
|  | Email: wdaniell@ppta.org.nz |
| TODAY’S DATE: |  |
| REGION: |  |
| COORDINATOR: |  |
| COMMITTEE MEMBERS: |  |
|  |  |
| NAME OF BANK: |  | BRANCH: |  |
| NAME ON A/C: |  |
| ACCOUNT NO. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | (Bank / Branch)2 + 4 digits | (Account Number)7 digits | (A/C Type)2-3 digits |
|  | (DEPOSIT SLIP MUST BE ATTACHED TO CONFIRM ACCOUNT NUMBER)\* |

## **Request for Regional Funding 2025**

FUNDS REQUESTED TICK

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ADMINISTRATION GRANT: |  | $ | $3,000 | [ ]  |
| Contestant Travel |  | $ | 1000 | [ ]  |
| Regional TRAVEL: | As determined by the National Committee | $ |  | [ ]  |
| RETURNING TROPHIES: | No. of trophies  |  | @ $50 per trophy = | $ |  | [ ]  |

\*If a bank deposit slip isn’t available, a letter from your bank verifying the account name and number will suffice. If you use the same account every year, just add a note to that effect with your application.