|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| send to: | PPTA TE WEHENGARUA NATIONAL OFFICE | | | | | | | | | | | | | | | | | |
|  | Fax: (04) 382 8763 | | | | | | | | | Post: PO Box 2119, Wellington | | | | | | | | |
|  | Email: [wdaniell@ppta.org.nz](mailto: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.