REQUEST FOR REGIONAL FUNDING / CERTIFICATES

Fax: (04) 382 8763 Post: PO Box 2119, Wellington	send to:	PPTA 1	PTA TE WEHENGARUA NATIONAL OFFICE								
TODAY'S DATE: REGION: COORDINATOR: COMMITTEE MEMBERS: NAME OF BANK: NAME OF BANK: DEPOSIT SLIP MUST BE ATTACHED TO CONFIRM ACCOUNT NUMBER) FUNDS REQUESTED ADMINISTRATION GRANT: TE TAURA WHIRI SUBSIDY REGIONAL TRAVEL: RETURNING TROPHIES: NO, OF RETURNING TROPHIES: NO, OF RETURNING TROPHIES: REGIONAL TRAVEL: REGIONAL TRAVE		Fax:	(04) 382 8763		Post:	PO Box 2	2119, Welli	ngton			
REGION: COORDINATOR: COMMITTEE MEMBERS: NAME OF BANK: BRANCH: NAME ON A/C: ACCOUNT NO. (Bank / Branch) (Account Number) (A/C Type) 2 + 4 digits FUNDS REQUESTED (DEPOSIT SLIP MUST BE ATTACHED TO CONFIRM ACCOUNT NUMBER) TICK ADMINISTRATION GRANT: \$ \$1,000 TE TAURA WHIRI SUBSIDY \$ \$2,666 RETURNING TROPHIES: NO. OF RETURNING TROPHIES: N		Email:	mbarton@ppta.org.nz								
COORDINATOR: COMMITTEE MEMBERS: NAME OF BANK: BRANCH: NAME ON A/C: ACCOUNT NO. (Bank / Branch) (Account Number) (A/C Type) 2-3 digits FUNDS REQUESTED (DEPOSIT SLIP MUST BE ATTACHED TO CONFIRM ACCOUNT NUMBER) TICK ADMINISTRATION GRANT: \$ \$1,000 TE TAURA WHIRI SUBSIDY \$ \$2,666 REGIONAL TRAVEL: \$ RETURNING TROPHIES: NO. OF RETURNING TROPHIES: TROPHIES @ \$50 PER TROPHY = \$ CERTIFICATES Certificate of Merit English (No. required) Mâori (No. required)	TODAY'S DATE:										
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