

Application to Host Adjunct/Section Raffles

Adjunct/Section Name:			
Contact Name: Email:			
Adjunct/Section Information;			
Adjunct/Section Current Funds \$	as at Da	ate:	
Level of Funds Required \$			
Funding for Clubs NZ Tournament: Y / N			
Funding for other Event or Tournament: Y / N			
Funding for Special Request: Y / N	Comment		
The Raffle Convenor is required to check the level of support shown by the applicant toward the Club and its			
membership prior to granting or not granting a Raffle term. Please give a brief statement in the box provided below outlining the reasons you believe this Club and its membership might want to support your Adjunct/Section.			
Office Use			
Raffle Term In-progress: Y / N Date:	Term Granted: Y / N Date:		
Section Notified: Y / N Date:	Ema	ail Y/N	Adjunct/Section Mailbox Y / N
Granted:			Declined:
Signed:	Viı	nce Gardner	
Raffle Convenor - General Manager (Not Valid if not signed)			