

Application Judges Assistance Scheme Funding

Use this form to apply for assistance with travel costs for All Breeds international Judges

Club Name:						
Postal Addres	is:					
Phone Numbe	er:					
Email Address	s:					
Website Addr	ess:					
Number of M	embers:					
Details:						
Venue	Date	Aprox # en	tries expected	Judges Name:	Aprox Travel Cost:	
•				•	\$	
Judges Count	ry/State:					
	P	resident		Secre	tary	
Signed:				J.		
Name:			Nam	Name:		
Date:			Date	Date:		
				e: for an international j		

• The New Zealand Cavy Council reserves the right to decline an application should they see fit.

Please return this form to: The Secretary New Zealand Cavy Council 122 Tawa Rd Kumeu 0891