***ABHDI APPLICATION FORM TO REGISTER A CHAMPIONSHIP FOR 2017***

***(TO BE IN THE HANDS OF THE ABHDI SECRETARY BY 1 SEPTEMBER, 2016)***

***STATE OR REGIONAL COMMITTEE: ...............................................................................................................................***

***FULL TITLE OF PROPOSED CHAMPIONSHIP: .................................................................................................................***

***(must be correct title as approved) ................................................................................................................***

 ***.................................................................................................................***

***PROMOTER OF CHAMPIONSHIP: ..................................................................................................................***

***(ie Competition Organisation)***

***..............................................................................................................***

***ORGANISING SECRETARY FOR CHAMPIONSHIP:***

 ***Name: .............................................................................................................................................***

 ***Address: .........................................................................................................................................***

 ***....................................................................P/Code.....................Phone…………………………….***

***VENUE FOR CHAMPIONSHIP: .............................................................................................................................***

 ***Address:.........................................................................................................***

 ***............................................................................................................................***

***DATE REQUESTED FOR CHAMPIONSHIP: Day.....................Date ............Month....................................Year.......................***

***SECTIONS TO BE HELD*** *(Please* ***✓*** *)*

 *7 - 12 Years OR ………………………………. …………………………….*

 *13, 14 & 15 Years ……………………………….. ……………………………*

 *16 Years & Over ………………………………. ……………………………*

*REGISTRATION FEE of $ .................... FOR CHAMPIONSHIP ENCLOSED HEREWITH*

*(Current fee is $30.00 per Championship age group which includes Championship registration fee and also payment for carbonised judging sheets)*

*THE ......................................................... STATE/REGIONAL COMMITTEE RECOMMENDS THAT APPROVAL BE GRANTED FOR THIS CHAMPIONSHIP.*

 *Signature: .................................................*

 *Secretary, State/Regional Committee*

*FOR OFFICE USE ONLY: Application received: ..............................................*

 *Application approved: ..............................................*

 *Registration number: ..............................................*

 *Syllabus received: ..............................................*

 *Scrutineering Sheets rec’d: ..............................................*

 *Certificates sent: ..............................................*

*CHAMPIONSHIP ADJUDICATORS: .................................................................*

 *.................................................................*

 *.................................................................*