



AOCRA Treasurer
Trish Johnston
M 0437186622

Request No: _____

REQUEST FOR TRAVEL ASSISTANCE

Please post or email completed form to the AOCRA Secretary at

P.O. Box 156 UNDERWOOD, QLD 4119 or secretary@aocra.com.au

REQUEST DETAILS:

EVENT: _____ EVENT DATE: _____

CLUB APPLYING: _____ ZONE: _____

CLUB CONTACT: _____ SIGNATURE: _____

CONTACT EMAIL: _____ CONTACT PHONE: _____

OTHER RELEVANT INFORMATION: _____

TEAM DETAILS:

AOCRA #	NAME	DIVISION	TRAVEL	TRAVEL FROM:	DISTANCE
		<input type="checkbox"/> JNR <input type="checkbox"/> SNR	<input type="checkbox"/> FLY <input type="checkbox"/> DRIVE		
		<input type="checkbox"/> JNR <input type="checkbox"/> SNR	<input type="checkbox"/> FLY <input type="checkbox"/> DRIVE		
		<input type="checkbox"/> JNR <input type="checkbox"/> SNR	<input type="checkbox"/> FLY <input type="checkbox"/> DRIVE		
		<input type="checkbox"/> JNR <input type="checkbox"/> SNR	<input type="checkbox"/> FLY <input type="checkbox"/> DRIVE		
		<input type="checkbox"/> JNR <input type="checkbox"/> SNR	<input type="checkbox"/> FLY <input type="checkbox"/> DRIVE		
		<input type="checkbox"/> JNR <input type="checkbox"/> SNR	<input type="checkbox"/> FLY <input type="checkbox"/> DRIVE		
		<input type="checkbox"/> JNR <input type="checkbox"/> SNR	<input type="checkbox"/> FLY <input type="checkbox"/> DRIVE		
		<input type="checkbox"/> JNR <input type="checkbox"/> SNR	<input type="checkbox"/> FLY <input type="checkbox"/> DRIVE		
		<input type="checkbox"/> JNR <input type="checkbox"/> SNR	<input type="checkbox"/> FLY <input type="checkbox"/> DRIVE		
		<input type="checkbox"/> JNR <input type="checkbox"/> SNR	<input type="checkbox"/> FLY <input type="checkbox"/> DRIVE		

NOTES: (1) ALL PAYMENTS WILL BE MADE DIRECTLY INTO THE ABOVE CLUB BANK ACCOUNT (2) TO BE ELIGIBLE FOR PAYMENT YOU MUST COMPETE AT THE EVENT (3) TRAVEL ASSISTANCE FORMS DUE WITHIN 2 WEEKS AFTER EVENT TAKES PLACE.

AOCRA OFFICE USE:

(A) AMOUNT APPROVED PER PERSON: \$ _____ X (B) NUMBER OF PEOPLE _____ = (C) TOTAL PAYABLE: \$ _____

SIGNATURE (AOCRA REPRESENTATIVE): _____ DATE APPROVED: _

CLUB NOTIFIED: EMAIL PHONE