



## Judge Clinic Application

Date of Application \_\_\_\_\_

### CLUB DETAILS

Registered Club \_\_\_\_\_

Club Address / Location \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### CLINIC DETAILS

Proposed Dates \_\_\_\_\_

Venue \_\_\_\_\_

Judge Educator \_\_\_\_\_ Confirmed Y N

*Venue facilities are to include laptop with media player and a projector*

**Please submit this form to your State Secretary.**