



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.