



OFFICE USE

CBH Travel Subsidy

Yes

No

Performance Time

Equipment Ordered

Application Form



CONTACT PERSON

First Name :

School :

Full Address :

Post Code : City / Country :

E-Mail :



ATTENDING

	Performance 1	Performance 2
Title		
Duration		
Genre		
No. of Students		
Equipment	<input type="checkbox"/> Microphone <input type="checkbox"/> PA System <input type="checkbox"/> Lectern <input type="checkbox"/> Chairs x ____	<input type="checkbox"/> Microphone <input type="checkbox"/> PA System <input type="checkbox"/> Lectern <input type="checkbox"/> Chairs x ____
Other requirements		

To apply for the CBH travel subsidy (\$200) please retain invoices