

Australian Campdraft Association Inc.

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ACA National Finals Host Committee Expression of Interest Form

Year: _____

ACA Affiliated Committee Name: _____

Mailing Address: _____

Suburb: _____ State: _____ Postcode: _____

President Name: _____

Phone 1: _____ Phone 2: _____

Email: _____

Secretary Name: _____

Phone 1: _____ Phone 2: _____

Email: _____

Treasurer Name: _____

Phone 1: _____ Phone 2: _____

Email: _____

Proposed Location: _____

Comments: _____

Contact the ACA National Finals Sub Committee Chairperson for any queries on this form.

