| Point Danger Club Information | | iterstate Cit | arance | 1 011 | | |
|---------------------------------|----------------|------------------|------------|--------|----------|--|
| Club | | | | | | |
| Contact Person | | | | | | |
| Event Information | | | | | | |
| Carnival or Event Name | | | | | | |
| Date/s | | | | | | |
| Venue | | | | | | |
| Travel and Accommo | dation Detai | ls | | | | |
| Travel Dates | То | То | | From | | |
| Travel Method | | | | | | |
| Accommodation | | | | | | |
| Member Details | | | | | | |
| Member Name | Men | Member Name | | ember | Name | |
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| Team Management I | Details (pleas | e list Team Mana | gers and C | hapero | ones) | |
| Member Name | | tions | | | l Number | |
| E.G. John Smith | | Manager | | 1345/6 | - | |
| | | | | | | |
| | | | | | | |



Team Manager/Person to Contact in Case of Emergency

| Name | |
|----------------|--|
| Mobile Phone | |
| E-Mail Address | |

Agreement and Signature

By submitting this application, I agree that the members listed are endorsed to attend this activity by my club and further that they adhere to all necessary PDB, SLSQ and SLSA policies to be able to participate in the listed activity. I further acknowledge that the facts set forth in it are true and complete.

I understand that, any false statements, omissions, or other misrepresentations made by me on this application may result in discipline action.

| Name (printed) | |
|----------------|--|
| Signature | |
| Date | |

Our Policy

- 1. This document must be at the Branch fourteen (14)days prior to the event taking place.
- 2. All members listed must be financial and proficient (if competing)
- 3. All other members must be financial
- 4. All Chaperones and Team Managers must be listed, be financial and hold Blue Cards (if junior members are present)
- 5. If this a non competitive trip (e.g., youth trip) a full itinerary and list of activities must be attached

PDB Office Use Only

| Received | |
|-------------------|--|
| Ву | |
| Approved | |
| Any Issues | |
| Forwarded to SLSQ | |

