



# FORMS FOR PRINTING

**These documents can be downloaded from the club web site at:**

<http://www.templestowevalleyprobus.org.au/documents/Activity Forms.pdf>

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**Probus Club of Templestowe Valley Inc.**

Club Affiliation No – 2219

Probus Registration No. 58457 -

Incorporation. No - A004597C

**Leader Approval Form for Commencement or Renewal of a Group Activity**

**This form is to be used when a member or group wish to commence a new activity or renew a regular activity for members of the Probus Club of Templestowe Valley.**

**ACTIVITY LEADER (Name)** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Mob:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**ASSISTANT LEADER (Name)** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Mob:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**GROUP ACTIVITY** \_\_\_\_\_

**PURPOSE:** \_\_\_\_\_

\_\_\_\_\_

**FREQUENCY OF ACTIVITY: (If Applicable)** \_\_\_\_\_

**LOCATION OF ACTIVITY:** \_\_\_\_\_

**SIGNATURE OF ACTIVITY LEADER** \_\_\_\_\_

**TRANSPORT OPTIONS: (If Applicable)** \_\_\_\_\_

**APPROVAL**

**Approval Date:** \_\_\_\_\_ **Cancellation Date:** \_\_\_\_\_

**(Secretary and other committee member to sign and print names)**

**Secretary Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Committee**

**Member Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Probus Club of Templestowe Valley Inc.**

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**Event Approval Form**

**Activity** \_\_\_\_\_

**Activity Leader** \_\_\_\_\_

**Event Description** \_\_\_\_\_

\_\_\_\_\_

**Details of the Event Itinery (If Applicable)** \_\_\_\_\_

\_\_\_\_\_

**Proposed by (Names)**

(1) \_\_\_\_\_ (2) \_\_\_\_\_

**Date of Outing** \_\_\_\_\_

**Departure location** \_\_\_\_\_

**Departure time** \_\_\_\_\_ **Return Time** \_\_\_\_\_

**Name of tour company (If Applicable)** \_\_\_\_\_

**Contact details**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Number of Passengers/Participants - Max** \_\_\_\_\_ **Min** \_\_\_\_\_

**Cost Per Person (Lowest)** \_\_\_\_\_ **Cost Per Person (Highest)** \_\_\_\_\_

**Deposit Required** \_\_\_\_\_ **Date Required** \_\_\_\_\_

**Activity Leader Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approval – Two Committee Members to Sign**

**Signature 1** \_\_\_\_\_ **Name** \_\_\_\_\_

**Signature 2** \_\_\_\_\_ **Name** \_\_\_\_\_





**Probus Club of Templestowe Valley Inc.**

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**Attendee Registration Form for Outings and Tours**

**Probus Club of Templestowe Valley Inc.**

Club No. 2219

Inc. No.A004597C

**Outing/Tour Destination** \_\_\_\_\_

**Date: From** \_\_\_\_\_ **To** \_\_\_\_\_

**Outing/Tour Leader(s)** \_\_\_\_\_

**Participants Declaration:**

I hereby apply to participate in the above Outing/Tour and in doing so agree that:-

- I understand that I am the person who is fully responsible for the state of my health and I undertake to do all that is necessary so as not to place other participants under stress or duress or to put them in danger because of my state of health or my behaviour.
- I hereby declare that to the best of my knowledge I am fit enough to undertake this Outing/Tour and agree to advise the Leader immediately should my state of health change.
- I hereby declare that I will only participate in activities where I am physically capable.
- In the case of any accident, illness or emergency please contact the following person.(Exclude anyone participating in the same Outing/Tour)

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **State** \_\_\_\_\_

**Privacy Statement**

Information provided shall be kept private and confidential within the confines of the Templestowe Valley Probus Club and shall only be used in the event of an emergency.

**Print Name(s)** \_\_\_\_\_

**Signed** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

**Probus Club of Templestowe Valley Inc.**

Club Affiliation No – 2219

Probus Registration No. 58457 -

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**Probus Injury Accident Report**

Probus Club Name Inc. ....

Club Number ..... Inc. Number .....

Was this an --> Accident \_\_\_ Injury \_\_\_ Incident \_\_\_\_\_ (please tick one)

Date of Accident / Injury / Incident..... Time .....

Location of Accident / Injury / Incident

Number of Persons present at Meeting/Activity/Outing/ Tour .....

Describe the activities of all parties involved at the time of the Accident/Injury/Incident

Cause of Accident/Injury/Incident -

Number of Persons Injured (if applicable) .....

Name of injured person (1) ..... Details of injury: .....

Name of injured person (2) ..... Details of injury: .....

Add Attachment if Necessary

Was the Ambulance Service called? (please circle) Yes No

Was the Police notified? (please circle) Yes No

If yes by whom?..... At what time? .....

Name of Ambulance Officer in charge .....

Name of Police Officer in attendance .....

Police Station.....

Accident/Injury/Incident first reported to:

Name ..... Signature.....

Position within the Club .....

Home Address .....

Post Code ..... Home Phone ( ) ..... Mobile.....

Date Reported ..... Time .....

If any significant delay in reporting the event please state reasons

Witnesses to Accident/Injury/Incident (at least two required)

(1) Name.....

Address .....

Post Code ..... Home Phone ( ) ..... Mobile.....

(2) Name .....

Address .....

Post Code ..... Home Phone ( ) ..... Mobile.....

Accident / Injury / Incident referred to .....

for investigation into cause and subsequent remedial action on (date) .....

Further Comments: .....(Add Attachment if necessary)



**PROBUS CLUB OF TEMPLESTOWE VALLEY Inc**

**PAYMENT REQUEST FORM FOR ACTIVITIES and FUNCTIONS**

**To the Treasurer.**

Activity Group: .....

Activity or Function: .....

Please make a payment to (Payee): .....

.....

Amount of Payment: \$.....

Payment is requested by: .....

Signature: .....

**Requested Method of Payment**

Cheque

Payee Account: BSB..... Account Number.....

Payment Reference: .....

BPAY: Biller Code..... Customer Ref No. (CRN).....

**Treasurers Use Only**

Date of Payment: .....

Cheque No (if applicable): .....





# Probus Club of Templestowe Valley



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### To the Treasurer.

Activity Group: .....

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Activity or Function: .....

Activity or Function: .....

Please make a payment to (Payee):

Please make a payment to (Payee):

.....

.....

Amount of Payment: \$.....

Amount of Payment: \$.....

Payment is requested by: .....

Payment is requested by: .....

Signature: .....

Signature: .....

### Requested Method of Payment

### Requested Method of Payment

Cheque

Cheque

Payee Account:

Payee Account:

BSB..... Account Number.....

BSB..... Account Number.....

Payment Reference: .....

Payment Reference: .....

BPAY:

BPAY:

Bill Code..... Customer Ref No. (CRN).....

Bill Code..... Customer Ref No. (CRN).....

### Treasurers Use Only

### Treasurers Use Only

Date of Payment: .....

Date of Payment: .....

Cheque No. (if applicable): .....

Cheque No. (if applicable): .....



