



FORMS FOR PRINTING

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

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

- 2 Leader Approval Form for Commencement or Renewal of a Group Activity
- 3 Event Approval Form
- 4 Expression of Interest List
- 5 Attendee Registration for Outings, Tours and Getaways
- 6 Injury or Accident Report for Insurance
- 7 Payment Request For Activity Funds
- 8 Activity Yearly Attendance Register
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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** _____

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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** _____

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Expression of Interest List

Activity Date

Leader.....Phone (H).....(M).....

Names of Attendees Including Visitors	Need Transport ? (Y/N)	Can Take Passengers? (Y/ N)	Your Phone No. Mobile Preferred

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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 _____

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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)

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Incorporation. No -

PAYMENT REQUEST FORM FOR ACTIVITIES and FUNCTIONS

To the Treasurer.

Activity Group:

.....

Please make out a cheque payable to:

Name: -.....

Amount of the cheque: - \$.....

Cheque is requested by: -

Member Name: -

Signature

Comments:

.....

.....

.....

Treasurer's Use Only

Date Paid:/...../.....

Cheque No.:

Regular Member Activity Register

Attendance List for (Activity Name).....	January to December - Year											
Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

