STORM CO REGISTRATION FORM

Destination Town: _____ Church/School: _____

Leaders Name: _____ Contact number while on trip: _____

Address: _____ Town:_____ PC: _____

Email: _____ Phone: _____ Mobile: _____

TRIP DETAILS

Date of Departure: _____ Time of departure: _____ Departing from: _____

Date of return: _____ Number of people on trip: _____

Local Council: _____ Contact: _____ Phone: _____

Destination Liaison Person _____ Phone: _____

Address team will be living at: _____

Location of kids club/service project: _____

Type of service project: _____

SPONSORSHIP

□ Name of person/s attending conference training day*_____

**In order to receive Conference subsidy a representative from your team must be present at the Storm Co training day*

□ A copy of my budget has been provided to the Youth Department

□ I would like my grant issued by cheque - Payee:

□ Please deposit my grant into the following account:

Name of account: _____ BSB: _____ Account Number: _____

OTHER

□ I have completed the Team Data Collection form and sent it to the Youth Department

□ I have obtained a copy of our Public Liability as was requested by the local council or other organisation(s)

□ I am requesting Extra Risks Insurance

□ All team members, 18 years and older, have submitted a Working With Children Clearance ID number

□ All team members have read and signed a Code of Conduct form and a Medical/Permission Form

Please complete and return to NNSW Youth Department