



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