

Live Life activity registration form

All sections must be completed, additional information may be attached separately.

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| Name of group/organisation: | |
| Contact person: | |
| Contact Address: | |
| Phone: | Email: |

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| Name of your Activity: | |
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| 1. Is your group or organisation incorporated? | (please circle) | Yes | No |
| <i>If you ticked No, Council requires evidence that your group is a bona fide Eurobodalla based community group. This could be shown by minutes of an Annual General Meeting noting office bearers or monthly meeting minutes. Please attach evidence to your application.</i> | | | |
| 2. Is your activity insured? | (please circle) | Yes | No |
| <i>Please attach evidence to your application. Eurobodalla Shire Council requires \$20,000,000 liability and will not be liable for any damage or injury that may occur in relation to your activity.</i> | | | |
| 3. Have you done a risk assessment of your proposed activity? | (please circle) | Yes | No |
| <i>Please attach evidence to your application.</i> | | | |
| 4. Do you have a certificate of qualification to run your activity? | | | |
| <i>Please attach evidence to your application.</i> | | | |
| 5. Please describe your activity. | | | |
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| 6. Please list cost, time, dates and venue details of your activity. | | | |
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| 7. Does your activity offer Live Life member discounts? (please provide details) | | | |
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| Signature: | Date: |
| Position held in organisation: | |