



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 Liason Person _____ Phone: _____
 Address team will be living at: _____
 Location of kids club/service project: _____
 Type of service project: _____

SPONSORSHIP

CONFERENCE GRANT

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: _____

SANITARIUM SPONSORSHIP

Sanitarium will sponsor each team \$100 worth of Sanitarium products. Please send receipts to the value of \$100 to the Youth Department before or after the trip. After processing we will refund you \$100.

OTHER

I have completed the Volunteer Insurance form and sent it to Youth Ministries
 I am requesting extra risk insurance. The cost of this is 1.5% plus GST of the total value of items being insured.
 I have completed a Public Liability form if needed by the local council or other organisations.
 All team members have completed the Storm Co application form. This information is to be kept in a safe place on the trip & filed after the trip.
 All members of the team completed a Working With Children Check. This needs to be filed in a safe place.
 I have completed my Storm Co T-shirt order and given it to the Youth Department. 6 weeks notice required.

FOR OFFICE USE ONLY

Date Received:
 ____/____/____

Budget Rec.

Cheque
 Dir Deposit

Date of payment
 ____/____/____

Rec. Received
 Refund issued
 ____/____/____

Vol insurance
 Fax to SPD
 ____/____/____

Extra Risk rec.
 Faxed to SPD
 ____/____/____

Charge:
 Pay Meth:
 ____/____/____

T-shirt order