



APPLICATION TO HOLD CLUB EVENT (Inc Clinics)

Approval will not be granted unless the entire form has been completed and signed

Club Hosting Event: _____

Type of Event: _____

Clinician/Instructors Name: _____

Date/s Event to be held: _____

Location/Venue: _____

Contact Person: _____ Position: _____

Address: _____

Phone: () _____ Email _____

On behalf of _____, I agree that a Risk Management Assessment has been conducted on the above grounds and the criteria as set out on the AAA Ltd Risk Management Assessment form has been met and the completed Planning Check List is enclosed with this application.

Signed: _____ Date: _____

*****An Events Audit Report must be lodged with the AAA Ltd within 30 days of the event*****

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AAA Ltd OFFICE USE ONLY

Application Received 30 Days prior to event ()
Approval Fee Paid - **\$20.00 per event** ()
Planning Check List Received ()
Event Audit Report Received from previous event ()

Comments: _____

Signed: _____ Date: _____