

Emergency Rescue Helicopter
Service - 1300 306 454

Trip leaders are reminded to return this completed form to the Trip Co-ordinator ASAP.
Members will not receive Clubman points unless the trip attendance/insurance form is submitted.

ARMADALE 4WD CLUB (INC)

Trip Start Time: _____

TRIP ATTENDANCE/INSURANCE FORM

Trip Finish Time: _____

TRIP LEADER: _____ TRIP DATE: _____ APPROX TRIP LENGTH: _____

BRIEF DESCRIPTION OF TRIP: _____	Run Trip	(20)	
	4WD Req.	(5)	
	Recce Req.	(5)	
	Total:		

Photo Consent Y/N	NAME OF ATTENDEES / VISITORS	VEHICLE DETAILS	REGO #	RECOVER # OF TIMES	ASSIST TRIP LEADER # TIMES	BREAK CONVOY # TIMES	BREAK CODE OF ETHICS # TIMES	SWEEP # TIMES

Junior Member contributions by: (Insert Names)

1) _____	2) _____	3) _____
4) _____	5) _____	6) _____

Date Received: _____

Trip Leaders are reminded that they are required to take the Club's First Aid Kit on all Club trips and activities

TRIP ATTENDANCE/INSURANCE FORM - CONTINUED

Photo Consent Y/N	NAME OF ATTENDEES / VISITORS	VEHICLE DETAILS	REGO #	RECOVER # TIMES	ASSIST TRIP LEADER # TIMES	BREAK CONVOY # TIMES	BREAK CODE OF ETHICS # TIMES	SWEEP # TIMES

Junior Member contributions by:
(please insert names)

1)2)3)
4)5)6)

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