



The Churches' Commission on Education (Inc)
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EVENT ADVICE & INSURANCE FORM F\_FIN\_105:

DATE: / /

Event Owner Name (Insurance required for DC Events)

Form with three columns for event types: DC (District Council Events 0035), School (School Community Don/Event 0045), and Community (Community Event 0025). Each column has a checkbox and a label.

Event Name: \_\_\_\_\_

Event Date: / / Event Location: \_\_\_\_\_

No of People Involved/Attending : \_\_\_\_\_ Expected Income: \$ \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ P/Code: \_\_\_\_\_

Email: \_\_\_\_\_

Event Detail: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Any special precautions:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Event Advice

Insurance Cover Y / N

Certificate of Currency Issued to DC Y / N

TO BE FORWARDED TO CCE THREE (3) WEEKS BEFORE THE EVENT IS TO BE HELD