



OUTINGS/ACTIVITY/TOUR APPROVAL REQUEST

PROBUS CLUB OF WINDSOR

NAME OF ACTIVITY:

WHERE HELD:

ORGANISER/S NAME/S:

Phone/s: _____

Email/s: _____

BRIEF DESCRIPTION OF THE EVENT:

WHEN: Date (dd/mm/yyyy): _____ Day: _____ Time: _____

MEETING AT:

MEETING TIME: _____

MEMBERS TO REGISTER THEIR INTEREST: By Date (dd/mm/yyyy): _____

MINIMUM NUMBERS NEEDED: _____ By When (dd/mm/yyyy): _____

MAXIMUM NUMBERS LIMIT: _____

FOR PAID EVENTS:

COST per person: Range from \$ _____ to \$ _____ or Actual Amount: \$ _____

FULL PAYMENT per person: Amount \$ _____ By Due Date: (dd/mm/yyyy) _____

TREASURER'S PAYMENT TO THE EVENT PROVIDER

Name of Company and banking details for direct bank payment: _____

BSB: _____ Account Number: _____ Reference: _____

Total Full Payment Amount: \$ _____ By Due Date (dd/mm/yyyy): _____

OR: Pay Initial Deposit of \$ _____ (to the Company): By Due Date (dd/mm/yyyy): _____

AND: Pay Final Balance of \$ _____ (to the Company): By Due Date (dd/mm/yyyy): _____

PLEASE FORWARD THIS REQUEST FORM TO THE ACTIVITIES CO-ORDINATOR BEFORE THE NEXT COMMITTEE MEETING.

Date approved by Committee: _____