

South Gippsland Walking and Adventure Club - TRIP PARTICIPANTS

Trip: _____ Grade _____ Date(s): _____ Leader: _____

Group Number: _____ Departure Place and Time _____ Vehicle Rego Numbers _____

No	Name	Address	Phone	Emergency Contact Name/phone #	M or V	Other e.g. medical
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

This is the person that will be contacted on the participant's behalf in the event of an emergency.

Reminder to leaders: Visitors are most welcome but Club members have priority where numbers are limited. Visitors must sign an "Acknowledgement of Risks and Obligations of Temporary Members" form. Completed "Trip Participants" & "Acknowledgement of Risks and Obligations of Temporary Members" Forms to be returned to the Walks Coordinator.