It is the responsibility of teachers intending to assist at coaching/selection trials in school time or week-ends or to accompany regional teams to carnivals in the capacity of Manager/Coach to complete this form and send to the Regional Sports Officer - at the above address - at least four (4) weeks prior to the activity.

NAME OF SPORTING TEAM: .................................................................

DATES OF CHAMPIONSHIPS: .................................................................

VENUE OF CHAMPIONSHIPS: .................................................................

NO. OF CHILDREN IN TEAM: .................................................................

TRAVEL DEPARTURE DATE OF TEAM: .................................................................

TRAVEL RETURN DATE OF TEAM: .................................................................

METHOD OF TRAVEL: .................................................................

TRAINING DATES: .................................................................

TRAINING VENUE: .................................................................

MANAGER/COACH/CONVENER/TRAINER - TO COMPLETE

I hereby apply for approval to accompany the sporting team, details of which are listed above, in the position of Manager/Coach/Convenor/Trainer (cross out which does not apply). I have read & understand the appropriate Darling Downs Team Officials responsibilities for my role.

SIGNED: ................................................................. PRINTED NAME: .................................................................

SCHOOL: ........................................................................................................................................

PRINCIPAL’S APPROVAL FORM

I hereby approve of the appointment of ................................................................. as Coach/Manager/Convenor/Trainer details of which are listed above and recommend that permission be granted to accompany the team. I agree that the additional duties of this official position will form part of this employee’s work duties for the duration of the event.

SIGNED: ................................................................. DATE: .................................................................

(Principal)

SCHOOL: ........................................................................................................................................

SCHOOL SPORT ACTION:  □ APPROVED  □ NOT APPROVED (attach reasons)

AUTHORISED BY: ................................................................. DATE: 

(SIGNATURE)