DARLING DOWNS SCHOOL SPORT BOARD

FORM #1

NOTIFICATION DARLING DOWNS TEAM PROGRAM - 2019

If this form is not completed, signed & returned to this Office at least four weeks prior to the State Championships your daily allowance will not be paid.

SPORT: __________________________ AGE DIVISION: __________________

State Championships: Venue _____________________ Dates __________________

Details of Officials: School ______________________

Venue _____________________ Dates __________________

School ______________________

Venue _____________________ Dates __________________

School ______________________

Venue _____________________ Dates __________________

School ______________________

Training Sessions: Dates: __________________________

and/or

Training Meetings: Venues: __________________________

Times: __________________________

Travel: Depart From: __________________________

Date: __________________________

Time: __________________________ am / pm

Anticipated Arrival Back in Darling Downs Region: Time: __________________________ am / pm

Venue: __________________________

I, ........................................................................................................................ (Principal of ..................................................

School) have sighted and approved the above program to be conducted by Team Official,

.................................................................

Date: __________________________

Signature

COPIES: .

original to be retained by School Principal

copy to be forwarded to The Regional Sports Officer – DD School Sport
10 Taylor Street
TOOWOOMBA QLD 4350
Fax: 4617 8394