FORM #1

DD SCHOOL SPORT TEAM OFFICIALS FORM - 2019
If this form is not completed, signed & returned to this Office by the due date your daily allowance will not be paid.

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: .................................................................

_____________________________  _______________________________
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: .................................................................

_____________________________  _______________________________
AUTHORIZED BY: DATE:
(SIGNATURE)

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

Darling Downs School Sport Board
10 Taylor Street
TOOWOOMBA 4350
Fax 4617 8394

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10 Taylor Street
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Delivered by Mail

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