Registration Form Week Away - Yarra Valley 2026

Name: Address: Phone: Email:			
Emergency contact Name: Relationship:		Phone:	
Regarding the evening meals: Please tick for any dietary requive Vegetarian No Chicken Gluten Free Allergies:	irements: No Red Mea No Fish Other:		✓
Regarding the accommodation Stay in the accommodation that Organizing your own Are there people who you'd like	at the club is		
To place you in a cabin that is Do you snore?		What are your sleeping ou a light sleeper?	habits/needs:

Will you allow us to share your contact details with the other people coming?

Early or late to rise?

Payments: BSB: 633 000 Account: 110 64 77 99 **Reference**: W-A & name \$300 deposit, to be paid by 21/9/25 Remaining \$365 date TBC

Acknowledgment of Risks and Obligations of Members

During the week away – to minimize risks I will endeavor to ensure that:

• Each activity is within my capabilities

Early or late to bed?

- I am carrying food, water and equipment appropriate for the walks/activities.
- I will advise the activity leader if I am taking any medication or have any physical or other limitation that might affect my participation in the walk/activity
- I will make every effort to remain with the rest of the party during the walk/ activity
- I will advise the leader of any concerns I am having, and
- I will comply with all reasonable instructions of club officers and/or the walk/activity leader.

Signature:	Date: