

**ACTIVITY APPROVAL REQUEST
PINWOOD COMBINED PROBUS CLUB INC**

NAME OF ACTIVITY: _____

WHERE HELD: _____

ORGANISER/S: Name/s: _____

Phone/s: _____ Mobile/s: _____

Email/s: _____

BRIEF DESCRIPTION OF THE EVENT:

WHEN: Date (dd/mm/yyyy): _____ Day: _____ Time: _____

MEETING AT: _____

MELWAY REF: _____ **MEETING TIME:** _____

MEMBERS TO REGISTER THEIR INTEREST: By Date (dd/mm/yyyy): _____

MINIMUM NUMBERS NEEDED: _____ **By When (dd/mm/yyyy):** _____

MAXIMUM NUMBERS LIMIT: _____

FOR PAID EVENTS:

COST per person: Range from: \$ _____ to \$ _____ or Actual Amount: \$ _____

FULL PAYMENT per person: Amount: \$ _____ **By Due Date (dd/mm/yyyy):** _____

TREASURER'S PAYMENT TO THE EVENT PROVIDER

Name of Company and banking details for direct bank payment:

BSB: _____ Account Number: _____

Total Full Payment: Amount: \$ _____ **By Due Date (dd/mm/yyyy):** _____

OR: Pay Initial Deposit of \$ _____ (to the Company): **By Due Date (dd/mm/yyyy):** _____

AND: Pay Final Balance of \$ _____ (to the Company): **By Due Date (dd/mm/yyyy):** _____

PLEASE FORWARD THIS REQUEST FORM TO THE ACTIVITIES COORDINATOR BEFORE THE NEXT COMMITTEE MEETING.

Date approved by Committee _____