|  |  |  |
| --- | --- | --- |
| **CLUB:** | **DATE:** |  |
| Event | Date |  |
| Timings |  |  |  |
| Costing |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Prize Money and Awards |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Nominated Club Member Responsible for Organization |  |  |
| Phone |  |  |  |
| Full Description of Function |  |  |
|  |  |  |  |
|  |  |  |  |
| Financial Return to LWA $ |  |  |  |
| The Club agrees to comply with the conditions outlined in the “Licence Application” document.  |  |
| **confirmed**Name |  |
| Club Position |  |  |  |
| Signature |  |  |  |

*Please email copy to* *executive@lacrossewa.com.au*