|  |  |  |  |
| --- | --- | --- | --- |
| Requestors Name (s) : |   | Team: |   |
|  |  |  |  |
| Trip Venue: |   | Dates: |   |
|  |  |  |  |
| Lead Organiser: |   |  |  |
| Additional Adults:  |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |

Are the players/mentors/guardians covered by the insurance scheme? Yes No

Has the venue been visited and deemed appropriate? Yes No

List activities and events: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the adult-to-child ratio (Under 12s - 1:8/Over 12s - 1:10) being met? Yes No

Are all adults on the trip Garda vetted? Yes No

Specify the mode of transport to be used (Personal/Public/Hire): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of qualified First Aid adult on the trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a game is to be played, has the Co. Board been advised of the trip? Yes No

As a requestor, have you fully read and understood the club’s Trips Away Policy? Yes No

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit this form to any member of the Executive Committee prior to making any bookings.**