

Please submit this form by

## 2015 NSW SNOWSPORTS CLUB MEMBERSHIP & INSURANCE FORM

Expression of Interest – Please return by 18 April 2015

Period Cover: 1 May 2015 - 30 April 2016

**Club Name** 

**Club Address** 

Suburb		Sta	ate		Postcode		the following options:	
Postal Address							Email: Please complete the	
Suburb		Sta	ate		Postcode		form & email to: info@nswsnowsports.com.au	
Club Contact				Position			Fax: Please complete the	
President						form & fax to: 02 4017 2436		
Phone				Fax			If you have any questions	
Email							please call <b>0408 006 415</b>	
Website								
Club Interest							Yes/No	
We are interested in NSWS Club Memberships								
We are interested in NSWS Club Memberships / Public Liability Insurance								
We are interested in NSWS Club Memberships / Directors & Officers Insurance								
We are interested in NSWS Club Memberships / Coach Indemnity								
Club Information	1							
Number of mem			Number of Coaches you employ?					
Does your club have any paid employees?				If	If yes, how many?			
Quick Summary of Events/Activities Run by your Club during the year							Average No of Participants	
1.							1.	
2.							2.	
3.							3.	
4.							4.	
5.							5.	
		or/pending claims fo Coach Indemnity in				, Directors	and Officers Association	

<sup>\*</sup>Information is required to assist NSWS in the process of negotiating with the broker and insurance providers.