

**SAPSASA STATE CARNIVAL**  
**OFFICIAL'S AGREEMENT FORM**  
Each official / volunteer must complete a separate form

(Names and details **MUST BE** supplied for volunteers as well as teachers to insure Departmental protection for them)

**DUE DATE: 6 WEEKS PRIOR TO EVENT:**

**FAX: 8354 2325**

<b>OFFICIAL'S NAME</b>	
<b>SPORT:</b>	
<b>DISTRICT</b>	
<b>ROLE</b> (manager or coach):	
<b>MOBILE:</b>	
<b>SCHOOL:</b>	
<b>STATUS:</b> (teacher or volunteer)	

**CARNIVAL DATES:** From \_\_\_\_\_ To \_\_\_\_\_

Permission is granted for the above named person to act as an official.

**PRINCIPAL:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRE-CARNIVAL MEETING IS COMPULSORY**

I wish to partake in the meal provided. (Answer required for catering purposes) **YES / NO**

**OFFICIALS' ACCOMMODATION:** I require accommodation. **YES / NO**

**Adelaide Shores Holiday Village, Military Road, West Beach.**

***Accommodation is a triple share arrangement in a Holiday Unit. SAPSASA only pays for shared accommodation. Any changes to this must be arranged and paid for by the official or district.***

Own Name	Names of preferred persons for room share

**THIS FORM MUST BE RETURNED TO YOUR DISTRICT CONVENOR to be signed and who will then fax through to SAPSASA. All personnel working with the team MUST fill a form in and have it endorsed.**

**DISTRICT CONVENOR** \_\_\_\_\_