

2024/2025 CENTRE & COMMITTEE MEMBERSHIP FORM



CENTRE:

PLEASE USE BLOCK LETTERS. Forward this form to the LITTLE ATHLETICS QUEENSLAND Office along with the CENTRE MEMBERSHIP FEE OF \$55 (incl. GST)

POSTAL ADDRESS
P'CODE.....

COMPETITION DETAILS

Competition Period (list start and finish dates)

Day

Time

CONTACT FOR PUBLIC ENQUIRIES (Name & Phone No. - this information will be published on the LAQ website)

(1st preference)

(2nd preference).....

VENUE & ADDRESS

BANK ACCOUNT

Bank Branch

A/C Name BSB No

A/C No

TRAINING DAYS (Please state all details -if training is offered at your Centre)

Day

Time

ABN NUMBER (all Centres **MUST** have an ABN)

COMMITTEE DETAILS: *The first 6 positions listed below are the minimum required to form a Centre AND MUST BE FILLED.*

POSITION	FIRST NAME / SURNAME	ADDRESS	HOME No.	WORK No. / MOBILE	E-MAIL
1. CENTRE MANAGER					
2. SECRETARY					
3. TREASURER					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					



ADDITIONAL COMMITTEE POSITIONS & CONTACT DETAILS ARE TO BE ATTACHED ON A SEPARATE SHEET OF PAPER

DOES YOUR CENTRE CHARGE A PARENT / FAMILY LEVY? YES / NO (please circle) \$.....

REGISTRATION FEES:

TINY TOTS \$.....

U/6-U/17's \$.....

WILL YOUR CENTRE BE PROVIDING THE TINY TOTS PROGRAM FOR THE CURRENT SEASON?

IF YES WILL YOU BE PROVIDING THE PROGRAM FOR: ALL 3 & 4 YEAR OLDS / 3 & 4 YEAR OLD SIBLINGS ONLY (please circle)

FOR CENTRES THAT WOULD LIKE AN EMAIL OR WEBSITE ADDRESS LISTED ON THE LAQ WEBSITE. PLEASE COMPLETE THE FOLLOWING:

CENTRE WEBSITE ADDRESS (Not Compulsory for Centres)

CENTRE EMAIL ADDRESS (Not Compulsory for Centres)

CENTRES WILL NEED TO PROVIDE A DELIVERY ADDRESS FOR ANY PROMOTIONAL ITEMS THAT CANNOT BE SENT TO A PO BOX. THE ADDRESS CAN BE RESIDENTIAL OR BUSINESS:

DELIVERY ADDRESS

CENTRES WILL NEED TO SUPPLY AN EMAIL ADDRESS TO RECEIVE THE LAQ MAILOUT. PLEASE LIST THE EMAIL ADDRESSES THAT YOU WOULD LIKE THESE EMAILS SENT TO.

(1st email)

(2nd email)

(3rd email)

(4th email)

(5th email)

Little Athletics Queensland Office Use Only	
Date Rec'd:	_____
Amount:	\$ _____
Signed:	_____

We the undersigned, along with all the Committee Members listed over, agree to abide by the Rules, Regulations, Bylaws and policies of the Little Athletics Queensland and to implement and adhere to all such directives.

ALL COMMITTEE MEMBERS HAVE BEEN INFORMED OF THIS REQUIREMENT

SIGNATURES: Centre Manager _____ Date ____/____/____ Secretary _____ Date ____/____/____