



WALK PROPOSAL AND REGISTRATION FORM

ORGANISATION DETAILS

Name of Organisation	
Nominated Contact Person	
Contact Address	
Contact Phone	
Contact Mobile	
Contact Email	

WALK DETAILS

Name given to your walk (for publicity purposes)		
Description of your walk (for publicity purposes - maximum 2 sentences)		
Exact location of walk start		
Walk start time		
Walk end time (at Seaford Community Centre)	1.00 p.m.	
Details of walk route		
Interesting stories associated with this route (if known – dot points are fine)		
Name of Walk Leader		Walk Leader RESERVE
Contact mobile during walk		
Name of 'Tail-end-Charlie'		'Tail-end-Charlie' RESERVE
Contact mobile during walk		

CERTIFICATIONS (Not essential – for our information only).

Name	First Aid	Working With Children Check
Walk Leader	Yes No	Yes No
'Tail-end-Charlie'	Yes No	Yes No

AGREEMENT AND DECLARATION (please tick / complete)

- ☐ We agree to be part of the ‘Love Where You Live – Stories of Seaford’ community event.
- ☐ We will lead a walk from to Seaford Community Centre
- ☐ We have walked this route in person to identify potential hazards to walk participants. These hazards are outlined below

Potential hazards	How these will be managed on the walk

In addition, we would also like to:

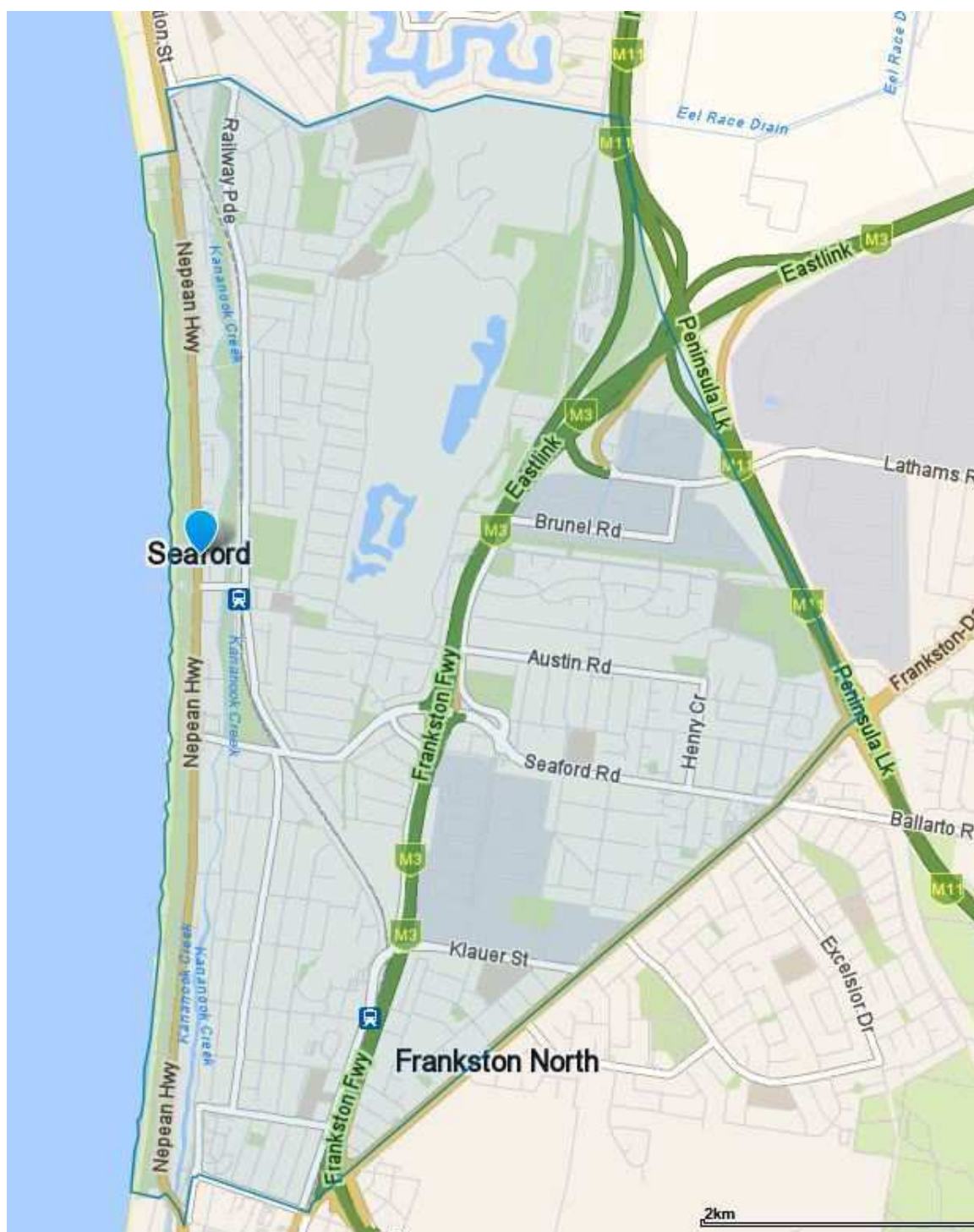
- ☐ host a stall in Talbot Hall (Seaford Community Centre)
- ☐ assist with the running of the day
- ☐ run an additional activity on the day (details).....

- ☐ We understand that all walk leaders are required to attend a short briefing on an evening during the week prior to the event.

Signature _____ Date _____

Please mark exact route clearly on this map.

Also identify start point, location(s) of interesting stories (if known), location(s) of potential hazards.



PLEASE RETURN THIS FORM AS SOON AS POSSIBLE, BUT NO LATER THAN
5pm TUESDAY 8 OCTOBER.

LoveWhereYouLive@frankston.vic.gov.au Subject: LWYL Seaford walk proposal