

Crossroads (Qld)

An agency of UnitingCare
Community

Please return completed form to
Crossroads (Qld), 91 Maundrell Tce,
Chermside West Q 4032
Phone 3350 8500 Fax 3256 4734
Email xrds.holidays@uccommunity.org.au

| OFFICE USE ONLY | DATE |
|----------------------------------|------|
| Signed? Payment Received? | |
| EXCEL Booking Recorded | |
| Invoice Raised | |
| C/data updated/current member | |
| Account details checked/updated | |
| Support Doc-changed/updated | |
| Cancelled- PAYER Credited | |

EVENTS - PROGRAM BOOKING FORM

Please return this completed booking form with fees payable. **If we do not receive the fees payable, together with a completed booking form, we cannot accept your booking.** We accept payment by cheque, money order, credit card or payment in person at our office. **GST- Unless specifically stated in the program information, all costs include GST.**

Name _____

Contact Phone Number _____

Emergency Contact Number while on Program (mobile) _____

Address to send program information to _____

Suburb _____ Post Code _____

Email Address _____

| Program Name | Program Date | Amount |
|-----------------|--------------|--------|
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| | | |
| | | |
| TOTAL AMOUNT \$ | | |

I enclose a Cheque Money Order OR Please debit my- Mastercard Visacard for the sum of \$

Card Number: Card Expiry Date:/.....

Name on Card: Signature

NB You will receive an invoice following receipt of your booking. If any of these events do not proceed a credit will be raised and sent to you, and the credited amount will be applied to future bookings. Please notify us if you prefer a refund.

- 1. Have your support needs changed since you last participated in Crossroads activities? PLEASE CIRCLE **YES / NO**
- 2. Have your medications changed since you last participated in Crossroads activities? PLEASE CIRCLE **YES / NO**
- 3. Would you like a copy of this agreement posted back to you? PLEASE CIRCLE **YES / NO**

I understand that some of the recreational activities that I choose to participate in may involve a significant degree of risk of physical harm to me. As a Crossroads (Qld) member, I voluntarily assume and have considered the risks involved by participating in these above activities.

Signed..... Date.....

PTO TERMS & CONDITIONS

Terms and Conditions Acknowledgement

Please ensure that you read, understand and acknowledge all terms and conditions listed below.

1. Booking Application forms must be signed by the applicant or their substituted decision-maker.
2. All health and medical documentation contained in Crossroads (Qld) Support Plan must be signed by the applicant or their substituted decision-maker.
3. All applications are subject to acceptance by Crossroads (Qld) based on the accurate information provided on the application form.
4. Payment of the amount stated in the Break-away News brochure is required before a place can be confirmed.
5. Cancellation charges apply if a member cancels an event. The amount of credit or refund made by Crossroads (Qld) is at its sole discretion. In deciding the amount, if any, Crossroads (Qld) will take into account the costs it has already incurred in planning and organising the event.
6. Crossroads (Qld) reserves the right to alter event costs if necessary, with or without notice. Changes to event costs will only be made if real additional costs have been incurred by Crossroads (Qld).
7. Break-away event costs include support staff, transport during the event, most meals, entrance fees, attractions, activities and events unless otherwise stated.
8. Event costs do not include personal spending money, extraordinary medical supplies or some meals whilst in transit.
9. Crossroads (Qld) reserves the right to alter or modify events as deemed necessary according to prevailing conditions, or other circumstances that may arise on any event.
10. Crossroads (Qld) reserves the right to cancel an event if minimum participation numbers have not been attained. In such circumstances all monies paid will be credited to your account and transferred to subsequent event bookings. If you require a refund, please advise Crossroads as soon as possible following a notice of cancellation.
11. If a member displays behaviour not discernable from the Support Plan, which as a result detracts from the comfort and safety of others or the overall operation of the group event, the member may be sent home early. In such an event, the member and/or substituted decision maker will bear the full cost of the members return. Event monies paid will not be refunded in the event of an early return being required.
12. If a participant is taking medication, a Medication Needs Form must be completed and returned prior to an event. If assistance is required with medication, sufficient medication for the duration of the event must be handed to our staff prior to the commencement of the event, and tablets must be prepared in a Webster pack (blister pack).
13. Crossroads (Qld) will assist with the supervision of personal spending money if member requires such assistance.
14. Members are liable for any damage to property or persons they may cause.
15. Crossroads (Qld) may take images or video during the event and reserve the right to use these in promotional material unless requested otherwise by the member.
16. All personal belongings remain the responsibility of the member. Crossroads (Qld) are not liable for the cost of replacement for lost or damaged personal belongings. We do not recommend members bring unnecessary items of value with them. We encourage all members to clearly initial all belongings.

I/We have read and understand the above Crossroads (Qld) break-away holiday terms and conditions and I/We agree with the stated terms and conditions.

Event Participant.

Name: _____ Signature: _____ Date: ____ / ____ / ____

Substituted Decision Maker

Name: _____ Signature: _____ Date: ____ / ____ / ____

Do you have any suggestions for future events?

These terms and conditions may be amended from time to tome. Last amendment date: February 2008