



**Wagga Wagga Four Wheel Drive Club Inc.**  
**Post:** P.O. Box 5842, Wagga Wagga, NSW 2650  
**Web site:** [www.wagga4wdclub.org](http://www.wagga4wdclub.org)  
**Email:** [secretary.wagga4wdc@gmail.com](mailto:secretary.wagga4wdc@gmail.com)  
**Facebook:** Wagga 4WD Club Inc.

## EXTERNAL ORGANISATION / AGENCY

### APPLICATION TO USE QUARRY TRAINING AREA (QTA)

Applicants must read the Quarry Training Area (QTA) Policy/Conditions for Use before completing this form.

Forms must be lodged with the QTA Convenor, Wagga Wagga Four Wheel Drive Club Inc by post, or email [qta.wagga4wdc@gmail.com](mailto:qta.wagga4wdc@gmail.com) at least 1 month before first use to allow time for Committee consideration.

Please print

Approval to use the Quarry Training Area is requested for the calendar year 20.....	
Organisation/Agency:	
Postal Address:	
Name of contact person:	Position:
Phone:	Email:
Expected number of uses of the QTA for the year:	
Please list ALL activities you will be conducting at the QTA e.g. 4x4 driver training, education program etc: If insufficient space, please attach your list.	
Expected number of participants attending each activity:	
How many, and what types of vehicles do you expect to be using the QTA during activities?	
Types of vehicles	Number

What Club equipment or resources will you require?	
The person conducting the activity has appropriate skills and the authority of the organisation:	Yes / No
A Risk Management Plan for all activities is attached:	Yes / No
A copy of our current Public Liability Insurance Policy is attached:	Yes / No
I have read and agree to abide by the terms and conditions of the Clubs 'Quarry Training Area Policy and Conditions of Use':	Yes / No
Name of Organisation/Agency authorised person:	
Position of authorised person:	
Signature of authorised person:	Date:

<b>Wagga 4WD Club Inc.</b> (office use)	
Application:      Approved / Not approved	Date
Reason if not approved:	
Additional conditions of use:	
Date received by QTA sub-committee meeting:	Date Organisation notified:
Requested contribution to QTA costs:      \$	Contribution paid:      Yes / No
Club equipment requested (list):	
•	Approved / Not approved
•	Approved / Not approved
•	Approved / Not approved
•	Approved / Not approved
Equipment maintenance contribution requested:      \$	Equip. payment received:      Yes / No
Activity dates entered on Web Calendar by:	Yes / No
Name of Club representative:	Date:
Position:	Signature:

**COPIES: One copy to Organisation. One copy to Club records to be kept on file for 6 years**