



VFFA EVENT REGISTRATION FORM (ERF)

I am a current VFFA Member and wish to take part in the _____
event and I agree to follow the recommendations and requirements as per the Notice of Major Event dated.

MEMBER'S DETAILS					
Name:					
Mobile:		Home:		Email:	

Any pre-existing medical conditions which could arise at event:
What medicines or treatment required if such condition arises?
Current medications?
Allergies?

Who to contact in an emergency:			
Name:		Relationship:	
Mobile:		Telephone:	

Doctor:			
Name:		Phone:	

Health Insurance Provider:	
Membership No:	

Ambulance Insurance:	
Member Card Number:	

Travel Insurance (if outside Australia):	
Provider:	

Signed:

Date:

Once the form is completed & signed, please post to: PO Box 18423 Melbourne Bourke St, Melbourne 3001