

Complete and return this form to your Regional Course Co-ordinator



Sydney U3A INC ABN 32 251 810 797

_____ **Region**

**LEADER'S INTENT FORM
FOR SYDNEY U3A COURSES IN 20__**

NAME					
ADDRESS					
CONTACT INFORMATION	(Included in the course book unless indicated otherwise)				
E-mail					
Phone					
ARE YOU A FINANCIAL MEMBER OF SYDNEY U3A INC?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
MEMBERSHIP NO.					
BOOKING SECRETARY INFORMATION	(Provide this information if another person is taking bookings) NOTE: IF YOU ARE NOT A FINANCIAL MEMBER OF SYDNEY U3A, YOU ARE UNABLE TO ACCEPT BOOKINGS. A BOOKINGS SECRETARY, WHO IS A FINANCIAL MEMBER OF U3A, MUST INSTEAD BE APPOINTED BY THE VENUE COORDINATOR				
Name					
E-mail					
Phone					
COURSE TITLE					
PREFERRED VENUE					
DATES SEMESTER 1	From			To	
SEMESTER 2 (IF FULL YEAR)					
PREFERRED DAY (circle one)	Monday	Tuesday	Wednesday	Thursday	Friday
SESSION TIME	Start time			Finish time	
FREQUENCY	Weekly		Fortnightly		Monthly
NO OF SESSIONS					
EQUIPMENT NEEDED					

OUTLINE YOUR COURSE FOR INCLUSION IN THE COURSE LIST. (In less than 50 words for a course and less than 30 words for a presentation)

I _____ (print name) agree to accept and to abide by the Constitution of Sydney U3A Inc. and its Privacy Policy. I also agree that I will not pass on to any third party personal details or contact information for any member of Sydney U3A without his/her written permission nor will I use that information for any reason other than this course.

Signed: _____ Date: _____

OFFICE USE (TO BE COMPLETED BY REGIONAL COURSE CO-ORDINATOR (RCC))

VENUE	
PUBLIC TRANSPORT	
VENUE CONFIRMED	<input type="checkbox"/> YES <input type="checkbox"/> NO
WEB CHECK	<input type="checkbox"/> YES <input type="checkbox"/> NO
INDEX CATEGORY	
APPROVED	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENT	

RCC SIGNATURE: _____ DATE: _____