



New Town Toyota

Walk for **WOMEN'S CANCER**



REQUEST FORM FOR PUBLIC LIABILITY INSURANCE

Walkers Name	
Walkers Contact Number	
Walkers Email	
Team Name	
Event Type	
Location	
Date	
Time	
Names of all Volunteers (Please list everyone you think may help on the day)	

Please complete the form above and return to walk@perkins.org.au, We will lodge with our insurance company and once we receive your Public and Products Liability Insurance Certificate back from our insurance company we will forward onto you.