

## ALL CLUB PROPOSED CAMPDRAFT DATES REQUIRED BY 30<sup>TH</sup> JUNE

**SOUTHERN CAMPDRAFTING ASSOCIATION LTD.**

**FULL INCORPORATED NAME OF CLUB:**

**CALENDAR CONTACT**  
**(TICK BOX- up to 2)**

**PRESIDENT:**.....  
**ADDRESS:**.....  
 .....  
 .....  
**PHONE:**.....  
**EMAIL:**.....

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**SECRETARY**.....  
 ADDRESS.....  
 .....  
 .....  
 PHONE.....  
 EMAIL.....

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**EVENT SECRETARY:**.....  
**ADDRESS:**.....  
 .....  
 .....  
**PHONE:**.....  
**Email:**.....

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**TREASURER:**.....  
**ADDRESS:**.....  
 .....  
 .....  
**PHONE:**.....  
**EMAIL**.....

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**DATES PROPOSED FOR CAMPDRAFT IN THE \_\_\_\_\_ / \_\_\_\_\_ SEASON**  
(enter year)

**DATE ( 1<sup>st</sup> preference):**.....

**DATE (2<sup>nd</sup> preference):**.....

Please email to:

The Secretary – [sca@campdraft.org.au](mailto:sca@campdraft.org.au)

All enquiries - 0422 629 930

**AFFILIATION AND INSURANCE INVOICES WILL BE SENT TO YOUR CLUB IN JULY.**  
**SCA CAMPDRAFT SEASON 1<sup>ST</sup> JULY - 30<sup>TH</sup> JUNE EACH YEAR**  
**Please complete FORM annually.**

NB: Please Include details of Event Secretary if different to Club Secretary.  
Please advise any changes to Office Bearers as they occur.