



GERALDTON 4 W. D. CLUB Inc. – MEMBERS INFORMATION FORM



This form should be completed by the Participant & emailed, faxed or posted to the Trip Leader

Trip		Trip Date	
Driver/s Name		Geraldton 4 W.D Club Mbr No	

	Names of Passengers	(Age of Children)
1		
2		
3		
4		
5		

Driver Awareness	Year you completed Driver Awareness	
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YOUR VEHICLE	Make		Model	
	Colour		Reg No.	
	Fuel Type		Fuel Capacity	

RADIO	Your Call sign		HF	
	UHF		HF make/model	
	27mHZ		HF Selcal	

WINCH	PTO		12V Elect		Hand Tirfor	
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OTHER EQUIPMENT	Axe		Long Handle Shovel		Snatch Strap	
	Bow Shackles X 2		Tree Trunk Protector		Jack Plate	
	Wheel Chains		Chainsaw		Hi lift Jack	
	Drag Chain		Winch Ext Strap		Snatch Block	
	Tool Kit		Air Compressor		Radiator Blind	
	First Aid Kit		Fire Extinguisher		Gloves	

VEHICLE EQUIPMENT	No of Front Recovery Points		No of Rear Recovery Points		GPS	
	Standard Suspension		Lifted Suspension		Snorkel Fitted	
	Road Tyres		All Terrain Tyres		Mud Terrain Tyres	
	Diff Lock - Centre		Diff Lock - Back		Diff Lock - Front	

DRIVER EXPERIENCE	Beginner		Intermediate		Advanced	
SPECIALISED SKILLS	Navigation		First Aid		Mechanical	

YOUR CONTACT DETAILS	Phone No:		Mobile No:	
	Email:		Fax No:	

EMERGENCY CONTACT (Not travelling with you)	Name		Relationship to Driver	
	Phone No:		Mobile No	

HEALTH ISSUES	Please advise any medical issues relating to your passengers that you believe your Trip Leaders should know about			