



Irish Woodturners' Guild

Chapter Application Form for proposed Guild Event(s)

The Chapter are hereby informing the Executive Committee that we wish to hold the following organised Guild event(s).

Workshop	<input type="checkbox"/>	Meeting	<input type="checkbox"/>	Seminar	<input type="checkbox"/>	Exhibition	<input type="checkbox"/>	Other*	<input type="checkbox"/>	Date	/	/
Workshop	<input type="checkbox"/>	Meeting	<input type="checkbox"/>	Seminar	<input type="checkbox"/>	Exhibition	<input type="checkbox"/>	Other*	<input type="checkbox"/>	Date	/	/
Workshop	<input type="checkbox"/>	Meeting	<input type="checkbox"/>	Seminar	<input type="checkbox"/>	Exhibition	<input type="checkbox"/>	Other*	<input type="checkbox"/>	Date	/	/
Workshop	<input type="checkbox"/>	Meeting	<input type="checkbox"/>	Seminar	<input type="checkbox"/>	Exhibition	<input type="checkbox"/>	Other*	<input type="checkbox"/>	Date	/	/
Workshop	<input type="checkbox"/>	Meeting	<input type="checkbox"/>	Seminar	<input type="checkbox"/>	Exhibition	<input type="checkbox"/>	Other*	<input type="checkbox"/>	Date	/	/
Workshop	<input type="checkbox"/>	Meeting	<input type="checkbox"/>	Seminar	<input type="checkbox"/>	Exhibition	<input type="checkbox"/>	Other*	<input type="checkbox"/>	Date	/	/
Workshop	<input type="checkbox"/>	Meeting	<input type="checkbox"/>	Seminar	<input type="checkbox"/>	Exhibition	<input type="checkbox"/>	Other*	<input type="checkbox"/>	Date	/	/
Workshop	<input type="checkbox"/>	Meeting	<input type="checkbox"/>	Seminar	<input type="checkbox"/>	Exhibition	<input type="checkbox"/>	Other*	<input type="checkbox"/>	Date	/	/
Workshop	<input type="checkbox"/>	Meeting	<input type="checkbox"/>	Seminar	<input type="checkbox"/>	Exhibition	<input type="checkbox"/>	Other*	<input type="checkbox"/>	Date	/	/
Workshop	<input type="checkbox"/>	Meeting	<input type="checkbox"/>	Seminar	<input type="checkbox"/>	Exhibition	<input type="checkbox"/>	Other*	<input type="checkbox"/>	Date	/	/
Workshop	<input type="checkbox"/>	Meeting	<input type="checkbox"/>	Seminar	<input type="checkbox"/>	Exhibition	<input type="checkbox"/>	Other*	<input type="checkbox"/>	Date	/	/

* Where "Other" has been chosen please give brief details
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I agree that all the conditions set out in the Guild's Insurance **Directive No. 6** will be complied with.

Signed on behalf of the Chapter Committee

Name Block Capitals:.....

Please Sign: **Date** / /

Please return this form to the Executive Secretary 6 weeks before the date of the proposed event

Eugene Grimley
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