

AUTHORITY TO USE REGISTERED TRADEMARK



This form is to be completed and submitted for authorisation to your **Branch and SLSQ** for approval to use registered trademark(s) of Surf Life Saving Australia and Surf Life Saving Queensland.

Please assist in completing ALL the information below to assist in our assessment to avoid conflicting sponsors, conflicting use of trademarks and other readily identifiable Surf Life Saving objects and phrasing that are uniquely ours.

This form must be validated and approved by your local Branch Administrator and lodged with the SLSQ Brand Manager a minimum of 14 days prior to the proposed activity at ipapprovalsqld@lifesaving.com.au, via fax at (07) 3846 8099 or mail to SLSQ IP Approvals, PO Box 3747 South Brisbane QLD 4101

IMPORTANT: FAILURE TO REGISTER AND SEEK THE NECESSARY APPROVALS FOR THE PROPOSED ACTIVITY FROM SLSQ BRAND MANAGER MAY RESULT IN A \$5,000 FINE TO THE OFFENDING CLUB

SLSQ Club making application: _____

Club Officer making application: _____ Position: _____

Described the activity for which you seek approval to use SLSQ branding:

What is the proposed benefit to the club for participating in this activity: _____

What date/s will this activity occur: _____ Duration: _____

If initiative is fund raising (ie. tin rattle, collection in public domain), list the names of Club authorised collectors for this activity:

Date for collection: _____

Where will collection occur: _____

Do you have an Office of Fair Trading approved permit (for street collections/doorknock) **Y / N**

If collecting on private property(ie. shopping centre), do you have the necessary approvals **Y / N**

AUTHORITY TO USE REGISTERED TRADEMARK



What trademark or intellectual property are you seeking approval to use:

- SLSQ Patrol Shirt SLSQ Patrol Shorts Red & Yellow cap
- Red & Yellow Flag Lifeguard uniform Other (please state below)

Approvals:

Club

SLSQ Club endorsement (may be endorsed by President, Dep. President, Treasurer of the Club seeking approval)

Name: _____

Signature: _____

Date: _____

Branch

SLSQ Branch: _____ Branch Administrator to sign: _____

Approved/Validated by (Branch Administrator Name): _____

Date Approved by Branch: _____

SLSQ

SLSQ Brand Manager Approval (Name): **Bill Brassington**, SLSQ Marketing and Communications Manager

Signature: _____

Date: _____