

AUSTINMER SLSC Inc

Function Centre

PO Box 3018
Austinmer NSW 2515
ABN 57 984 732 704



Function Date: _____

Function Type: _____

Name of Contact: _____

Contact Details:

Address: _____

Postcode: _____

Telephone: (H) _____ (W) _____

(M) _____

Email: _____

Function Start Time: _____ Function End Time: _____

Number of Guests: _____

(Times and guests numbers are approximate and will be confirmed 1 week prior to function)

Function style: Cocktail Sitdown

Other _____

Additional Information/ Requirements _____

I AGREE I HAVE READ AND UNDERSTAND THE **POLICIES OF AUSTINMER S.L.S.C. FUNCTION CENTRE** AND WILL ABIDE BY THESE RULES AND CONDITIONS.

SIGNED: _____ DATE: _____

Deposit cheque/money order attached **Yes/No** (cheque/money order must be made payable to Austinmer SLSC Function Account.

Direct Deposit: Austinmer SLSC Function Account

IMB: Thirroul **Account Number:** 200550924 BSB: 641-800

□

Payment (for office use only)

Deposit: \$ _____ 500 Date pd/received _____

Final Payment (less deposit,

Incl Bond (\$400) \$ _____ Date pd/received _____