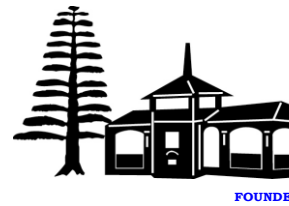


AUSTINMER SLSC INC

Function Centre
PO Box 3018, Austinmer NSW 2515
Phone: 0416 165 353
ABN 57 984 732 704



Function Date: _____

Function Type: _____

Name of contact: _____

Contact Details:

Address: _____

Telephone (H): _____ (W): _____

(M): _____

Email: _____

Function start time: _____ Function end time: _____

Number of Guests: _____ (approx.) (times & guest #s are an approximate and will be confirmed 1 week prior to function)

Function Style: Cocktail Sitdown Other _____

Our Decorator is: _____

Our Caterer is: _____

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 should be made payable to Austinmer Surf Club)

Payment		(for office use only)	
Deposit:	\$ 500	<input type="checkbox"/>	Date pd/recv'd: _____
Final payment (less deposit, incl Bond \$400):	\$ _____	<input type="checkbox"/>	Date pd/recv'd: _____
Bar Staff:	POA	_____	