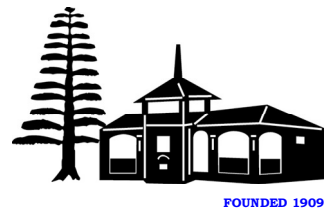


AUSTINMER SLSC INC

Function Centre
PO Box 520, Thirroul NSW 2515
Phone: 0404 077 570
ABN 57 984 732 704



Wedding Date: _____

Bride's Name: _____

Groom's Name: _____

Contact Details:

Address: _____

POSTCODE: _____

Telephone: (H): _____ (W): _____

Bride (M): _____ Groom (M): _____

Email: _____

Reception start time: _____ Reception end time: _____

Number of Guests: _____ (times & guest #s are an approximate and will be confirmed 1week 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: \$ 600 Date pd/recv'd: _____

Final payment (less deposit -
incl Bond \$400): \$ Date pd/recv'd: _____

Bar Staff: POA _____