

AUSTINMER SLSC Inc

Function Centre
PO Box 3018 Austinmer NSW 2515
Phone: 0416 165 353
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 and guest numbers are approximate and will be confirmed one week prior to function)

Function Style: cocktail Sit down Other _____

Our Caterer is _____

Our Decorator 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 must be made payable to Austinmer SLSC Function Account)

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		