

40 Orestes St San Remo WA 6210 Email: Mhslscfunctions@gmail.com

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Company/ Organisation	ABN (commercial): Drivers License (private):
Contact	
	Ph: Mobile:
	Email:
	Address:
MEMBER?	Are you or one of your intending guests a member of Mandurah Surf
	Life Saving Club? Yes □ No □

Function Details: Event:

Date Required			
Start Time (incl set up)		End Time (incl breakdown) (no later than midnight)	
# of Guests			
Location	Function Room (FR)	Meeting Room (MR)	
Set up Required			
Equipment Required	Tables Chairs Sound System Trestle Tables	Other:	
Catering Required?	If yes – what style ie Buffet, Canape/Platters, Sit down etc		
Bar/Beverages Required?	NO Bar		
Linen/Decor Required?			
Additional requirement OR Comments			

Signature:	Name:	(print)	
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