



**GERALDTON SURF LIFE SAVING CLUB (INC.)**

**P.O. Box 867, Geraldton, Western Australia 6531**

**ABN 83 976 723 238**

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## Geraldton Surf Life Saving Club Function Application Form

Name of Person/Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Nominated Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Function: \_\_\_\_\_

(eg. Conference, Wedding, Training, Cabaret etc)

Room Requested: \_\_\_\_\_

(Function Centre or Clark Training Room)

Date Requested: \_\_\_\_\_ Hours Requested: \_\_\_\_\_

Number of guests expected at the Function: \_\_\_\_\_

Number of tables needed: \_\_\_\_\_

Will alcohol be consumed?                      YES                      NO

If yes, what will be the method of distribution?                      For Sale                      BYO

If supplying, consuming and selling alcohol, you must have applied for an Occasional Liquor Licence from the Liquor and Gaming Branch of the Police Department, or the local Court House. Details on [www.rgl.wa.gov.au](http://www.rgl.wa.gov.au)

Please nominate the individual responsible for the sale or supply of alcohol:

Name: \_\_\_\_\_ Permit No: \_\_\_\_\_

Please provide the bank account details for the return of the hire bond post-function:

Name: \_\_\_\_\_ BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

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Signature of Applicant

Date

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Signature of Approving Officer (GSLSC)

Date