

CLUB
AUSTRAL

Event Booking Request Form

events@australbowlingclub.com.au

Client Name: _____

Telephone Number: _____

Email Address: _____

Membership Number (if applicable): _____

Date of Function: _____

Time of Function: _____

Function Type: _____

e.g. Birthday Party, Baby Shower,
Barefoot Bowls, Kids Party, Wake

Approximate Number of Guests: _____

Summary of Catering Required: _____

Buffet, Fingerfood or other

Any Special Requirements _____

Client Signature: _____ Date: _____

Please email this form back to AUSTRAL BOWLING CLUB events@australbowlingclub.com.au for your booking to be reviewed and processed. Our staff will contact you to organise appropriate deposits and finalise details.

Office	Security Deposit	\$	date paid
	Room Hire	\$	date paid
	Catering Deposit	\$	date paid
	Barefoot Bowls	\$	date paid