



# Bilgola Surf Life Saving Club Inc.

PO Box 43 Avalon NSW 2107

ABN 64 566 803 132

## CONTACT DETAILS

Contact Name: \_\_\_\_\_

Member Y/N: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

## FUNCTION DETAILS

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

Date of Function: \_\_\_\_\_

Function Time: \_\_\_\_\_

Seated/Standing \_\_\_\_\_

No. of Guests: \_\_\_\_\_

Bar Tab (to be paid on the night): \_\_\_\_\_

Additional information: \_\_\_\_\_

Payment Method (Circle)   Cash   Credit Card   Cheque   EFT

## CREDIT CARD PAYMENTS

Credit Card Name: \_\_\_\_\_

Credit card Type: (Circle)   Visa   Mastercard

Credit Card number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Credit Card Expiry: \_\_\_\_/\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

(All information remains confidential)



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**PO Box 43 Avalon NSW 2107**  
ABN 64 566 803 132

All correspondence can be emailed to the attention of the Function Manager  
[club.functions@bilgolaslc.org.au](mailto:club.functions@bilgolaslc.org.au)

Cancellation charges are subject to the conditions identified in the Function Terms and Conditions document.

The above details are correct and I have received and agree to Bilgola Surf Life Saving Club Inc. Function Terms and Conditions.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_