

Parks and reserves booking form

Please fill out the form below and return it to the city, either in person or by mail.

Booking details			
Name of organisation (if app	licable):		
Name of applicant:			
Postal address:			
Suburb:		Postcode:	
Phone: (Home)	(Work	<u> </u>	(Mobile)
Fax:	Email		
Type of function: Is this going to be open to the Date required Time required (including set Will alcohol be consumed or	ne public?	s	to:to
	•	-	25 1888 to ascertain if a permit is required. Permit required Permit not required
Will food be consumed: What type (eg. BBQ, Catered, Picr If catered, catering by:		Name of ca	aterer:
Will music be played:	☐ Yes ☐ No	What type:	
Will amplification be used:	□Yes □ No		(eg. CD player, Band, Instruments, Jukebox etc)
Will a marquee be erected:	□Yes □No	Size:	
(Marquees over 50 m ² require an appli	cation for a Temporary Public		llding Services, for which an additional fee is payable)
Please state any equipment (eg chairs, tables, carpet, bouncy castl			or reserve:
	in a position to accept these	terms and conditi	I document in relation to the use of City of Subiaco ons on behalf of myself and the organisation I nd correct.
Signature Date:	<u>N</u>	lame	

Administration Centre: 241 Rokeby Road, SUBIACO WA 6008 Postal address: PO Box 270, SUBIACO WA 6904 Phone: (08) 9237 9222 Fax: (08) 9237 9200 Email: city@subiaco.wa.gov.au Website: www.subiaco.wa.gov.au