





Memorial services application form

Before you complete this application form, make sure you have:

- Read the <u>Terms of use</u>.
- Checked with the **Bookings Officer** that your preferred date is available.

Your booking is not confirmed until you have received written approval.

Contact details		
Organisation/Group na	ame:	
Contact person:		
		Suburb:
Postcode:	Email:	
Mobile:	D	aytime phone number:
Event details Day and date of functions	ion:	
	toto	
		e set up and break down of your event.
Attendance numbers:	Adults	Children (under 18 years)
Venue Please advise memor	ial site for service e.g. Stat	e War Memorial:
	3	
Event details		
		e infrastructure/equipment you intend to bring and the

(+61 8) 9480 3624

bookings@bgpa.wa.gov.au

Phone:

Email:

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Has your organisation previously held a service within Kings Park and Botanic Garden $\;\Box$ Yes \Box No
Are you holding a function following the Memorial Service (e.g. morning tea) $\;\square\;$ Yes $\;\square\;$ No
If yes, please complete and submit a separate social function application form.

Declaration

In submitting this booking application, the organiser accepts the *Botanic Gardens and Parks Regulations* 1999 and all <u>Terms of use</u>. Any breach of the conditions or any other relevant law may result in infringement and / or cancellation of the booking. This agreement is not transferable.

Please return this completed application form to bookings@bgpa.wa.gov.au.

Phone:

Email:

(+61 8) 9480 3624

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