



EVENT BOOKING FORM

Completing this form in full will help us:

1. Understand your needs.
2. Give you an accurate, comprehensive and detailed quote.
3. Optimise security for your event.

Please enter information in the spaces provided and check each applicable box.

Venue

Name

Address

Facility

Indoor

Outdoor

Event

Date

 / /

Start

 :

am / pm (circle)

Finish

 :

am / pm

Reason

Birthday

Years

School break up

Christmas

Sport celebration

New Year

Other

Entertainment

DJ

Band

Performer

Jumping castle

Other

Host

Given name		Family name		Age	
Parent / guardian name					
Home address					
Work		Home		Mobile	
Email					

Guests

Age

0-10

11-17

18-30

31-55

56+

Total

Safety Preparations

When will you advise Police?

When will you advise neighbours?

How many responsible adults will supervise and assist?

If U-NOME isn't controlling alcohol (unwise; [see why](#)) who will manage alcohol and how?

Food

- | | | | | |
|-------------------------------------------------|---------------------------------|-------------------------------------------------------|----------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Buffet | <input type="checkbox"/> Snacks (e.g. chips, lollies) | <input type="checkbox"/> Sit-down meal | <input type="checkbox"/> Finger food (e.g. sausage rolls) |
| <input type="checkbox"/> Take-away (e.g. pizza) | <input type="checkbox"/> Other | <input type="text"/> | | |

Alcohol

Supplied

- | | | | | |
|----------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Beer | <input type="checkbox"/> Wine | <input type="checkbox"/> Punch | <input type="checkbox"/> Slushy |
| <input type="checkbox"/> Spirits | <input type="checkbox"/> Shots | <input type="checkbox"/> Other | <input type="text"/> | |

BYO

- | | | | | |
|----------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Beer | <input type="checkbox"/> Wine | <input type="checkbox"/> Punch | <input type="checkbox"/> Slushy |
| <input type="checkbox"/> Spirits | <input type="checkbox"/> Shots | <input type="checkbox"/> Other | <input type="text"/> | |

Alcohol drink limit per guest

- | | | | | | |
|-----------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------------|
| <input type="checkbox"/> 0 (no alcohol) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> No limit |
|-----------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------------|

Non-alcoholic drinks

- | | | | | |
|-----------------------------------------------------------------------------|-------------------------------------|--------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Soft drink | <input type="checkbox"/> Water | <input type="checkbox"/> Tea/coffee | <input type="checkbox"/> Juice |
| <input type="checkbox"/> Energy drink (bad news; see why!) | <input type="checkbox"/> Other | <input type="text"/> | | |

Risks

What past event problems have been experienced by the host, venue or area?

- | | | |
|-------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Drunkenness | <input type="checkbox"/> Illicit drug |
| <input type="checkbox"/> Excessive noise | <input type="checkbox"/> Neighbour complaint | <input type="checkbox"/> Gatecrasher |
| <input type="checkbox"/> Fight | <input type="checkbox"/> Property damage | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Stair / balcony collapse | <input type="checkbox"/> Gang | <input type="checkbox"/> Weapon |
| <input type="checkbox"/> Personal injury / death | <input type="checkbox"/> Police attendance | <input type="checkbox"/> Time overrun |
| <input type="checkbox"/> Insufficient transport | <input type="checkbox"/> Fine | <input type="checkbox"/> Law suit |
| <input type="checkbox"/> Other | <input type="text"/> | |

Signed

I hereby certify that I have completed this form fully and truthfully:

Signature
Name (print)

Date

Submit

Please send this signed, dated, fully completed form to me, Naomi Oakley, by:

Fax 03 9739 7155 or Mail PO Box 78 Chirnside Park VIC 3116

The form will serve as a permanent, binding record of event preparations.

U-NOME SECURITY