



VOLUNTEER MARINE RESCUE BRIBIE ISLAND INC. (VMR445)

MARINE PDE, BELLARA QLD

PO Box 85, Bribie Island, Qld 4507
ABN 20500377468
www.vmrbribie.com

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Commodore: Liz Radajewski

Vice Commodore: Cec Luscombe

Secretary: Gary Voss

Treasurer: Doug Lythgo

Function Room Hire Requirement Details

Day: _____ Date: ____ / ____ / ____ Type of function: _____

Number of attendees: _____ Period venue required: From: _____ AM/PM (circle) To: _____ AM/PM (circle)

Cut-off date for final arrangements: Date: ____ / ____ / ____ (No changes accepted after this date)

Prior access required? Yes/No (circle) Date: ____ / ____ / ____ Time: _____ AM/PM (circle)

Bar tab required (payable at end of function) \$ _____ Bar staff required: _____ (1 per 40 guests)

Bar special requirements: _____

Kitchen equipment: (please tick where required)

Crockery Cutlery Urn Fridge Freezer

Room equipment: (please tick where required)

Tables: Qty (max 14): _____ Audio visual equipment: Whiteboard:

Function Room Hire Costs

VMRBI Members: \$200 for up to 4 hours

Non-members: \$300 for up to 4 hours

Items	Cost
Room hire (refer to room hire costs above)	\$ _____
Bar staff _____ @ \$25 each	\$ _____
Room options – additional cost	
Tablecloths _____ @ \$5:00 each	\$ _____
Table runners _____ @ \$3:00 each	\$ _____
Chair covers _____ @ \$3:00 each	\$ _____
Catering: Not required / Self-catered / VMR Bribie (circle type) No. required: _____	\$ _____
Other requests: _____	\$ _____
	\$ _____
Function room hire total costs:	\$ _____

I accept these costs - signed: _____ **Print name:** _____

(Full terms and conditions available from the VMRBI Booking Officer)

Date: ____ / ____ / ____



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Payment Options

Cheque attached or please charge the sum of: \$ _____ to Mastercard Visa

Full card number: _____ Cardholder name: _____

Expiry date: _____ CCV: _____

Receipt number: (for cash payments): _____

VMR Bribie Functions Officer - Signed: _____ Date: ____ / ____ / ____

Note: Payment can also be made at the base, Marine Parade, Bellara, or by phone on 3408 7596

Refundable Security Deposit Details

Account name: _____

BSB: _____

Account Number: _____

Email address: _____

(For notification of refund)