SSCBC MEMBER EVENT REQUEST FORM

|  |  |
| --- | --- |
| Member Name |  |
| Membership Number |  |
| Contact Number |  |
| Email Address |  |
| Company (If applicable) |  |
| Requested Date of Event |  |
| Type of Event |  |
| Guest Numbers |  |
| Location / Room |  |
| Event Timings |  |
| Bump In |  |
| Bump Out |  |
| Menu Requirements |  |
| Catering Budget | $ |
| Any Further Requests |  |

**SSCBC COMMITTEE**

|  |  |
| --- | --- |
| Venue Hire Applicable | $ |
| Committee Approval  Date Approved | Yes / No |

Please complete this form and email to [events@sscbc.com.au](mailto:events@sscbc.com.au),   
our Event Manager will be in touch to discuss further details.  
  
Please note, all requests are subject to SSCBC Committee approval.