

ROVING SERVICE PROVIDER BOOKING FORM

Completed paperwork to be sent to events@dogsvictoria.org.au Business Name: Business ABN: Your Full Name: Address: _____ Postcode: _____ Business Hours Telephone Number: Email: Vendor Type Services: _____ Event Name: Date for Booking: **FEE:** \$57.80 Venue Required: ☐ KCC PARK ☐ BULLA EXHIBITION CENTRE REQUIRED: Current Public Liability Insurance 1. Current Public Liability Insurance Certificate of company must be attached to this application PAYMENT - Please note fees are per day (Non-Refundable) METHOD OF PAYMENT: DIRECT DEBIT CHEQUE **CREDIT CARD** (Please tick) Cheque Number / Reference Number _____ **CREDIT CARD DETAILS:** Expiry date CVV: Mastercard **VISA CARD NUMBER** Card Holders Name (Print): Signature _____ *Please note: This transaction incurs a \$2.20 facility fund levy Tick here to OPT OUT of this facility fund

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