

BOOKING REQUEST FORM BULLA EXHIBITION CENTRE

Name of Affiliate/Organisation:	
Name of Secretary:	
Phone Number (AH):	Mobile:
Email Address:	
Type of Event:	
Date of Fixture/Event:	Time Judging Commences:
Time Access is Required:	Departure Time:
REQUIREMENTS	
Rm 1 Rm 2 Rm 3 Rm 4 Rm 5 Rm 6 Not Required (Upstairs) (Upstairs)	
☐ Indoor Exhibition Area ☐ Outdoor Exhibition A	rea
No. of Rings Indoors:	No. of Rings Outdoors:
RING SET UP	
☐ By Club ☐ By Caretaker	
EXTRA NOTES REGARDING BOOKING (e.g. Sponsors, photographers, judges catering requirements)	
ATTENDANCE	
Show Entry (est.):	No. of Exhibitors(est.):
CALABRIA CLUB CATERING Requested Preferred No (note: catering is subject to the number of exhibitors/people on the day)	
Nominated person responsible for securing the facility at event close:	Phone:
Your Name:	_ Signature:

Failure to complete tasks on the event checklist may incur a \$100 fine to the relevant affiliate/subcommittee/member.

Please note we will do our best to accommodate your club's request, but we cannot guarantee your request. The allocations are at Dogs Victoria discretion dependent upon events on the day.

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