

# PARTY REGISTRATION FORM

The following information is required to enable police to provide an efficient response to any call for assistance. Please email the completed form to [rockingham.police.station@police.wa.gov.au](mailto:rockingham.police.station@police.wa.gov.au).

Location of party: \_\_\_\_\_

Date of party: \_\_\_\_\_

Time: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Contact person: \_\_\_\_\_

Home address: \_\_\_\_\_

Mobile number: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Age of host:  Adult  Underage

Parent/Guardian name: \_\_\_\_\_

Type of celebration: \_\_\_\_\_

Number of guests: \_\_\_\_\_

Average age of guests: \_\_\_\_\_

Type of invitation: \_\_\_\_\_

Adult supervision provided:  Yes  No

Other supervision: \_\_\_\_\_

Have you notified neighbours:  Yes  No  Verbal  
 Written

Alcohol:  BYO  Provided  No Alcohol

Type of Alcohol: \_\_\_\_\_

Have you engaged security/crowd controllers:  Yes  No

Security company name: \_\_\_\_\_

**THANK YOU FOR ALLOWING THE WA POLICE TO ASSIST YOU TO HAVE A SAFE AND ENJOYABLE PARTY**

POLICE USE ONLY	
OFFICER NAME:	
RANK:	
Police station:	Date received:
Forward original to: – DISTRICT INCIDENT MANAGEMENT UNIT (IMU)	
Please Note: IMU to forward a copy to Community Safety Branch, 8 Burton St, Cannington 6017	