

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.

Location of party:				
Date of party:				
Time:	Start:		Finish:	
Contact person:				
Home address:				
Mobile number:	Primary:		Secondary:	
Age of host:	<input type="checkbox"/> Adult		<input type="checkbox"/> Underage	
Parent/Guardian name:				
Type of celebration:				
Number of guests:				
Average age of guests:				
Type of invitation:				
Adult supervision provided:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Other supervision:				
Have you notified neighbours:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Verbal
				<input type="checkbox"/> Written
				<input type="checkbox"/> No Alcohol
Alcohol:	<input type="checkbox"/> BYO		<input type="checkbox"/> Provided	
Type of Alcohol:				
Have you engaged security/crowd controllers:	<input type="checkbox"/> Yes		<input type="checkbox"/> 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	