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: ○ 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	

Submit by email to the WA Police