

ABN: 66 129 413 297 ICN:3630 336-340 Nepean Hwy, Frankston VIC 3199 PO Box 11219, Frankston VIC 3199

Ph: (03) 9770 1273 www.bunuronglc.org

REQUEST FOR TRADITIONAL CEREMONY

Altered request forms will not be accepted. Please only fill in the required information

Please send booking form to bookings@bunuronglc.org.au or contact the office on (03) 9770 1273 for anything relating to alterations,

postponements, cancellations, confirmations, or changes to invoicing details.

Company/Organisation Making Request	Organisation:						
	Principal Conta	ict:					
	Email:						
	Phone Number:						
Date Required							
Event Time	Arrival Time:			Commenceme	nt Time:		
Event Address							
Working with Children Check Required	☐ YES ☐ NO						
Meeting Place (Include specific directions)							
Event Details (Describe what your event is about)							
Ceremony & Pricing	Ceremony Type				Rate (excludes GST)		Tick
	Welcome to Country				\$660.00		
	Welcome to Country & Smoking Ceremony				\$1,100.00		
	Didgeridoo Per	nce (Yidiki)	\$660.00				
	Presentations (al Talks)	\$1000.00		Currently Unavailable		
	Artefact Reburial & Smoking Ceremony (with Elder)				\$1,100.00		
	Artefact Reburial & Smoking Ceremony (with Elder and Heritage Advisor)				\$1,750.00		
			Total Cost:				
Important Information	notice. A cabookings@ 2. The BLCAC 3. All Tradition Subject to a 4. Your reques	ncella bunure busine nal Cer availab st is no	e charged for cation must be proposed to comple.org.au. ess days are Moremony requestility of guaranteed to de parking and	ut in writing an enday to Friday ts require a mi until you have i	d emailed Office ho nimum of	d to ours are <mark>8</mark> 2 weeks' confirma	am – 4pm <mark>.</mark> notice.



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	6. All Elders will be paid by the Bunurong Land Council - please do not pay Elders directly.
	7. Supply of ACN/ABN and correct details are mandatory, and no booking will be accepted without them.
	8. For sponsors/billers without an ABN/ACN, the Heritage Advisor making the booking is the biller and assumes all responsibility for payment.
Billing Details	
Organisation	
Contact Person	
Address	
Email	
Phone Number	
Purchase Order No. (if applicable)	
Organisation	
By signing below, I acknowledg	e that I have read and agree to the above terms and conditions.
Heritage Advisor/Company ma	king this booking request
DATE	SIGNATURE