



Mount Edgecombe Country Club Estate Management Association I

(Association incorporated under Section 21 of the Companies Act)

Registration No. 1992/003565/08

P. O. Box 2000 – Country Club – 4301

Tel: 031 – 502 2534 Fax: 031 – 502 1746

PRIVATE FUNCTION APPLICATION

APPLICATION DATE :				AGE GROUP			
RESIDENTS NAME & ADDRESS							
NUMBERS CONTACT:		(H)		(W) (C)			
TYPE OF FUNCTION:				DATE OF FUNCTION:			
TIME OF FUNCTION: FROM:			TO:		VENUE:		
NO. OF GUEST:	RESIDENTS		NON RESIDENTS		MINORS		OTHER
PLEASE PROVIDE FULL DETAILS / SKETCHES AS FOLLOWS:							
<ul style="list-style-type: none"> • Parking arrangement including shuttle arrangements confirmed. • Sketch on Marquee positioning on property to be submitted. • Neighbouring consents to be confirmed and included in the application process. • Complete guest list to be provided and stamped by the Association. • Catering requirements to be explained. • Provide full details on any other additional information. Eg. Music. • Security requirements. (optional) 							
ANY SERVICE DELIVERIES/SPECIAL INSTRUCTIONS:							
MARQUEE		OTHER:					
DISCO							
LIVE MUSIC							
OUTSIDE CATERERS							
CONSENTS OF NEIGHBOURING RESIDENTS:						YES	NO
A guest list is provided for the office + Security Gate						Y	N
ADDITIONAL SECURITY WILL BE NECESSARY AT THE RESIDENTS COST ON LARGER FUNCTIONS. MECCEMA 1 WILL ASSESS.							

FOR MECCEMA 1 OFFICE USE ONLY:

Authorised by: _____ Capacity: _____

Signature: _____ Date: _____

SECURITY TO MONITOR PARKING AND NOISE LEVEL