



Official Confirmation of Display

Name of Organisation _____

Postal Address _____

Date of Display _____ Time _____

Location of Display _____

(Address & site details)

Local Council _____ Phone: _____

Fax/Email: _____

Local Police _____ Phone: _____

Fax/Email: _____

Local Fire _____ Phone: _____

Fax/Email: _____

Contract Price \$ _____ Excluding / Including GST

Liaison _____

(On the Night)

Address _____

Phone _____ Fax/Email: _____

Special Requirements _____

(Logos, Noise, Etc.)

Name _____ Position _____

Please complete and return this form so we can quote your fireworks display

Payment Terms: Payment on the night unless arranged prior to the event;
A Cancellation Fee of 10% (two weeks' notice) to 100% (day of display) may apply.