

## Function Booking Form

<u>Function Date:</u>	
<u>Function Name:</u>	
<u>Type of Function:</u>	
<u>Function Room:</u>	<u>Number of Guests:</u>
<u>Contact Name (&amp; Company):</u>	
<u>Address:</u>	
<u>Contact Tel. No:</u>	
<u>Fax:</u>	
<u>E-MAIL:</u>	
<u>Contact during function (who can authorise extras):</u>	

### Timings

<u>Time</u>	<u>Location</u>	<u>Activity</u>

### Drinks details

<u>Bar Requirements:</u>
<u>Reception drinks:</u>

Table drinks:

Room Arrangement

Table layout:

Decorations:

Equipment:

Entertainment:

Special requirements:

Menu details

Food/Menu selection:

Service Requirements:

Special Requirements:

Billing details

<u>Contact Name (&amp; Company):</u>
<u>Address:</u>
<u>Contact Tel. No:</u> <u>Fax:</u> <u>E-MAIL:</u>
<u>Special instructions:</u>
<u>Charges:</u>
<u>Total estimated cost:</u>

To confirm the above details please sign below and return the form to us. Please give us as much information as possible in order that we can tailor the function to your requirements.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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Processed by:

Deposit received: yes/no  
 CCard / Cash / Company  
 Cheque

Comments:

Date received:  
 Staffing: