

Meeting Booking Sheet

Date emailed/posted/handed out: _____ Room: _____

This form is to be filled out and returned within 7 days to confirm Function Room Booking.

If this sheet is not returned in 7 days the Function Room may be re-booked.

Deposit Amount: \$ _____ Food Account deposit \$200.00

Non refundable on cancellation within 7 days of function

Function Date: _____ Time: _____

Name: _____

Address: _____

Email Address: _____

Phone: _____ Mobile: _____

Number of Guests: _____

SPECIAL REQUIRMENTS:

Please Circle if Required

Microphone Lectern Data Projector (\$55.00 fee applies)

Screen Table Whiteboard

Presentation/Gift Table Notice Board/Partition Powerboard

Extension Cord

Tea & Coffee Charges Apply (per head) Service Time: _____

Tea, Coffee & Biscuits Charges Apply (per head)

Tea, Coffee & Scones Charges Apply (per head)

Water Jugs & Glasses N/C

Jugs Juice & Glasses Prices at the Bar

Jugs Post Mix & Glasses Prices at the Bar

OTHER SPECIAL REQUIREMENTS: _____

Equipment Fee \$ _____ Room Hire, Set Up & Cleaning Fee \$100 to \$200 GST Inc.

Signed: _____ Dated: _____

* Please note prices are subject to change without notice

