

BOOKING REQUEST FORM

Please fill in the following Booking form or call restaurant to make a booking

I agree to the terms & conditions listed below -

Full Name for booking: _____ Position: _____

Address
Details: _____

Date of Function: _____ Guests Arrive: _____ AM/PM Number of Guest _____

Signature of Event organiser: Phone Number Mobile _____

Please note that booking sheet must be faxed or emailed immediately from time of making booking. Confirmation of guest numbers must be made 1 week before function date. Any no shows will be charged full price of \$100 p/head.

You must confirm receipt of booking form once you have booked with the Restaurant

Authorisation to charge guest for no shows

Type of Card: (Please Circle) AMEX BANKCARD VISA MASTERCARD DINERS

Name of Cardholder:

Credit Card Number:

Expiry Date: _____

Four digit Security Code: (Amex Only) _____
(on the front side of your card)

Three digit Security code (VC/BC/MC) _____
(on the reverse of your card place the last three digits displayed in the signature panel)

Signature of Cardholder:
