



FUNCTIONS FORM

COMPANY NAME:

CONTACT PERSON:

TELEPHONE NUMBER:

FACSIMILE NUMBER:

CELLULAR NUMBER:

EMAIL ADDRESS:

NUMBER OF GUESTS:

TYPE OF FUNCTION:

DATE OF FUNCTION: TIME OF ARRIVAL:

MENU CHOSEN:

PRICE PER HEAD: R

SPECIAL REQUIREMENTS:

PROCEDURE OF FUNCTION:

PRE CHOSEN WINES:

DRINKS REQUIREMENTS:

DRINKS:

DATE OF 50% DEPOSIT PAID:

10% GRATUITY TO BE ADDED ON ENTIRE BILL

ANY OTHER REQUIREMENTS:
Please note that you are to confirm the final number of persons ONE WEEK prior to the function as you will be charged for the number quoted. In order to secure your booking a 50% not refundable deposit is required. The balance to paid two weeks prior to the function.

SIGNATURE:

DATE

OFFICE USE ONLY

FUNCTION ORGANISER:

DATE