

LADY GRANGE FUNCTION BOOKING FORM

BOOKING NAME: _____ BOOKING DATE: ____/____/____
ORGANIZER: _____ BOOKING TIME: _____
COMPANY NAME: _____ MOBILE PH: _____
EMAIL: _____ BUSINESS PH: _____
ADDRESS: _____

NUMBER OF GUESTS: _____
TYPE OF EVENT: _____ AGREED MINIMUM SPEND (\$): _____

REQUESTED AREA(S): BAY VIEW
CITY VIEW
RESTAURANT
EXCLUSIVE USE YES / NO

FOOD DETAILS

SIT DOWN PLATTERS CANAPE PACKAGES
ENTREE NO. OF BITE SIZE: _____ CIRCLE ONE (PIECES PER GUEST):
MAIN NO. OF SUBSTANTIAL: _____ 6 / 8 / 10 / 12 / 15
DESSERT

BEVERAGE DETAILS

PACKAGE TYPE BEVERAGE PACKAGE DURATION
ON CONSUMPTION 2 HOURS 5 HOURS
STANDARD BEVERAGE PACKAGE 3 HOURS 6 HOURS
PREMIUM BEVERAGE PACKAGE 4 HOURS

DEPOSIT DETAILS

A deposit of \$ _____ (min of \$1000.00) is accompanying this form to confirm my booking.

PLEASE TICK METHOD OF PAYMENT

MASTERCARD VISA Account Name: JK & JK Pty Ltd
AMEX (2.2%) EFT Bank: National Australian Bank
CASH BSB: 083363 Acct No: 391800573

A COPY OF THE TERMS & CONDITIONS HAVE BEEN PROVIDED
I HAVE READ THE TERMS & CONDITIONS

Name: _____ Signed: _____ Date: ____/____/____

I authorise Lady Grange St Kilda to debit my Credit Card for the amount below.

Card holder's name: _____

Card number: _____ Card Exp: ____/____

Amount (\$) : _____ Card Holder's Signature: _____