



# EVENT DETAILS FORM

## THE BUNKA

NAME \_\_\_\_\_

DATE OF FUNCTION \_\_\_\_\_ GUESTS ATTENDING \_\_\_\_\_

START TIME \_\_\_\_\_ FINISH TIME \_\_\_\_\_

SIGNAGE \_\_\_\_\_

### EVENT SET-UP INFORMATION

SECURITY (min 4 hours) N / Y START TIME \_\_\_\_\_

ROOM REQUIRMENTS (high tables & stools/sml tbl w tablecloth etc.) \_\_\_\_\_

BUMP IN TIME \_\_\_\_\_ BUMP OUT TIME \_\_\_\_\_

AV REQUIREMENTS \_\_\_\_\_

SPECIAL REQUESTS \_\_\_\_\_

### BEVERAGE INFORMATION

#### PAYMENT TYPE

BAR TAB (all purchases charged to one tab) N / Y TAB LIMIT \$ \_\_\_\_\_

SUBSIDISED (guests pay part - variance on tab) N / Y TAB LIMIT \$ \_\_\_\_\_

CASH BAR (guests pay) (min spend of \$500 is still required - including food) N / Y

#### BEVERAGE CHOICES

BEER TAPS	CIRCLE (can be more than 1)	SUBSIDISED PRICE - GUEST
COOPERS PALE	SCH / PINT / JUG	_____
COOPERS LAGER	SCH / PINT / JUG	_____
COOPERS CLEAR	SCH / PINT / JUG	_____
HILLS APPLE CIDER	SCH / PINT / JUG	_____

PLEASE LET ME KNOW IF YOU WOULD LIKE SOMETHING DIFFERENT POURING ON TAP

STUBBIES \_\_\_\_\_

\_\_\_\_\_ SUBSIDISED PRICE - GUEST \_\_\_\_\_

**BEVERAGE CHOICES cont.**

<b>WINES</b>	CIRCLE (can be more than 1)	SUBSIDISED PRICE - GUEST
<u>AUSTRAL (sparkling/white/red)</u>	GLASS / BOTTLE	_____
<u>1</u>	GLASS / BOTTLE	_____
<u>2</u>	GLASS / BOTTLE	_____
<u>3</u>	GLASS / BOTTLE	_____
<u>4</u>	GLASS / BOTTLE	_____
<u>5</u>	GLASS / BOTTLE	_____
<u>6</u>	GLASS / BOTTLE	_____

<b>BASE SPIRITS</b>		<b>REQUESTED SPIRITS</b>	
SPIRIT	SUBSIDISED PRICE - GUEST	OTHER SPIRITS	SUBSIDISED PRICE - GUEST
VODKA (\$8)	_____	1	_____
SCOTCH (\$8)	_____	2	_____
BEAM (\$8)	_____	3	_____
GIN (\$8.5)	_____	4	_____
BUNDY (\$8)	_____	5	_____
JACKS (\$9.5)	_____	6	_____
CC (\$8)	_____	7	_____
TEQUILA (\$9)	_____	8	_____

**SOFT DRINK & JUICES** (full amount on tab)    N / Y

**FOOD INFORMATION**

**TYPE OF EVENT**

PLATTERS / FINGER FOOD (pre-ordered range of finger food)    N / Y

SET MENU (guests order from a menu with set choices)    N / Y

A LA CARTE (guests order from the full menu)    N / Y

**FOOD SERVICE START TIME** \_\_\_\_\_

*NOTE. KITCHEN CLOSSES AT 9PM*

**EXTRA INFORMATION**

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