

CORPORATE BOOKING CONFIRMATION SHEET

*****Please complete and return ASAP to reserve your function date*****



Return via Post or Fax to address indicated below for your area.

Note: Any selections below may be changed up to 10 working days prior to your function date.

Phone: 1300655602 or 37112033 Fax: 1800814806 Email: Brisbane@goldenroast.com

Caboolture Catering Office	P O Box 445, Morayfield, Qld 4506
Brisbane Catering Office	P O Box 6061, Acacia Ridge, Qld 4110
North Brisbane Catering Office	P O Box 197 Aspley, Qld 4034
Ipswich Catering Office	P O Box 4368, Forest Lake Qld 4078

OFFICE USE ONLY

CONTACT PHONE NO

Quote Number: _____ **Function date (must be entered):** _____

Organisation Name:.....
 Contact name:.....Postal Address: ...

Phone number Hm..... Wk.....
 Mob:..... Email (please print).....

Venue address:-.....

Venue phone number:-..... Number of guests(approx):-.....

Type of function:-..... Is it a surprise:- YES/NO

What time to commence Main Buffet Dining:-..... Nibbles Time:.....

Please help us with our marketing "How did you find us?" Internet

Which menu have you selected: **(Please tick a box) CORPORATE MENUS**

SPIT ROAST BBQ ROAST ROLL Other.....

DO YOU REQUIRE – refer Menu Standards

Upgrade to Stainless Steel Cutlery 55c/guest	YES / NO
Upgrade to Crockery Main Plates 55c/ guest	YES / NO
Hot Nibble Entrees \$3.50/guest	YES / NO
Cold Nibbles \$1.50/guest	YES / NO
Add Fresh Fruit Juices \$1.50/guest	YES / NO
Fresh Fruit Platter \$2.50/guest	YES / NO
Cheese and Fruit Platter \$3.50/guest	YES / NO
Fruit Punch with disposable glasses \$2.80/guest	YES / NO
Are Desserts required @ \$2.20per guest?	YES / NO

DO YOU REQUIRE PARTY HIRE

Food Buffet Tables	YES / NO
Guest Tables	YES / NO
Guest Chairs	YES / NO
Table Cloths	YES / NO
Glassware	YES / NO
Other... see HIRE LIST	

Meat Selections for BBQ.....

Meat Selections for Spit Roast.....

Special Requirements.....

Please contact us for final guest numbers and details ten (10) working days prior to your function

Amount of catering deposit enclosed:-..... (minimum \$100.00)

Signed:-..... Date:-.....

If Payment by Credit Card – 1% processing fee applies:

Cardholder Name..... Bankcard
 Card Number..... Visa
 Mastercard
 Amex
 Diners Club

Card Holders Signature..... Expiry Date...../.....

.....

Fuct Date

Fuct add

AD

CH6-10.....

CH4-5.....

CHU4.....

EAT TIME

NIBBLES

Meat Selection

Nap

Veges

Salads

Desserts

Special

Completed

Deposit Pd
Date Rec'd

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