

WEDDING 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 Fax: 18008 14806 E:Brisbane@goldenroast.com

Caboolture Catering Office	P O Box 445, Morayfield, Qld 4506
Northside Catering Office	Po Box 197 Aspley 4034
Brisbane Catering Office	P O Box 460, Acacia Ridge, Qld 4110
Ipswich Catering Office	P O Box 4368, Forest Lake Qld 4078

Quote Number Internet Function date (must be entered):

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

Venue address:-.....

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

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)**

WEDDING BANQUET BRIDAL BUFFET TRADITIONAL WEDDING CELEBRATION BANQUET

Spirit roasts selected:... **Chicken Pork Lamb Beef Baked Ham**

Cold Buffet: Marinated Chicken Chicken n Ham Vegetable quiche

DO YOU REQUIRE – refer Menu Standards

Hot Nibble Entrees \$3.50/guest	YES / NO
Add cheese kabana to FREE nibbles \$1/guest	YES / NO
Crockery Coffee Cups \$1.10/guest	YES / NO
Crockery Sweet/Dessert/ \$1.10/guest	YES / NO
Fresh Fruit Platter \$2.20/guest	YES / NO
Cheese and Fruit Platter \$3.50/guest	YES / NO
Fruit Punch & disposable glasses \$2.80/guest	YES / NO
Add Dinner Rolls 55c/guest	YES / NO
Add Salad/Vegetable 55c/guest/choice	YES / NO
Add Fourth Meat Selection \$2.20/guest	YES / NO
Are Desserts Required @ \$2.80 per guest	YES/NO

if NO

Do you require us to cut and serve your Wedding cake?...(\$40 fee applies) YES/NO

Napkin Colour (if required at additional cost).....

Hot Vegetables choices:.....

Salads choices: Tossed or Ceaser.....

Desserts choices:.....

Special Requirements.....

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

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

EFT Deposit Payment: BSB 124001 Account 95361039 Your Ref:

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

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

OFFICE USE ONLY

CONTACT PHONE NO

.....

Fuct Date

Fuct add

AD

CH4-10...

CHU4.....

EAT

TIME

NIBBLES

Meat Selection

Free Ham Platter
YES NO

Disposable Plates
YES NO

Nap

Veges

Salads

Desserts

Special

FIN

Dep Pd

Date Rec'd

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