Coast to Coast the Golden Roast 2008MC Series

FF 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 All Areas: 1300655602 **Fax All Areas: 1800814806**

Caboolture Catering Office (PH: 3861 4732)	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

OFFICE USE ONLY

☐ **CONTACT PHONE NO**

. . . . . .

☐ Fuct Date

☐ Fuct add

☐ AD …..…...

☐ CH6-10...…

☐ CH4-5…..…

☐ CHU4.....

☐ **EAT TIME**

☐ Desserts

☐ Special

☐ **Completed**

☐ Deposit Pd

Date Rec'd

……

Quote Number: Function date (must be entered):

Organisation Name;……

Contact name:-…… …… 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 Nibbles:-……..

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

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

COCKTAIL PARTY FINGER FOOD PARTY NIBBLES **……**

DO YOU REQUIRE – refer Menu Standards		DO YOU REQUIRE PARTY HIRE	
Antipasto Platter $3.50/guest	YES / NO	Food Buffet Tables	YES / NO
Crockery Sweet/Dessert and Coffee $1.10/guest	YES / NO	Guest Tables	YES / NO
Fresh Fruit Platter $2.20/guest	YES / NO	Guest Chairs	YES / NO
Cheese and Fruit Platter $3.50/guest	YES / NO	Table Cloths	YES / NO
Fruit Punch with disposable glasses $2.50/guest	YES / NO	Glassware	YES / NO
Staff to wear Bowties	YES / NO	Other… **see HIRE LIST**	
Are Sweets required?	YES / NO	Can we assist with Bar Service	YES / NO

Hot Finger Food choices:…… ……

……:…… ……

…… …

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:-……

EFT Deposit Payment: BSB 124001 Account 95361039 Your Ref: 71129Cab

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

Cardholder Name…….. ……

Card Number……

Card Holders Signature…… Expiry Date……/……

Diners Club

Visa

Mastercard

Amex