Coast to Coast the Golden Roast 2007Au Series – Cairns/Tablelands

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 or Ah: 40962656
Fax All Areas: 40962039
Email: cairns@goldenroast.com
P O Box 1177, Atherton, Qld 4883

Quote Number: **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?"

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

BIG BUFFET *GOLDEN ROAST* *BUDGET BUFFET* *OTHER……*

Spit roasts selected:… **Chicken** **Pork** **Lamb** **Beef** **Baked Ham**

DO YOU REQUIRE – refer Menu Standards	
Hot Nibble Entrees $3.50/guest	YES / NO
Entrée Cheese Platters $2.50/guest	YES / NO
Snack Nibble Platters $1.10/guest	YES / NO
Crockery Main Course $2.10/guest	YES / NO
Crockery Sweet/Dessert $2.10/guest	YES / NO
Staff to wear Bowties	YES / NO
Add Salad/Vegetable 55c/guest/choice	YES / NO
Add Fourth Meat Selection $1.10/guest	YES / NO
Are Desserts Required?	YES / NO

Napkin Colour ……

Hot Vegetables choices:……

Salads choices: Tossed Plus:……

Desserts choices:……

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…… ……

Card Number……

Card Holders Signature……

Expiry Date……/…… Security Code: …… (refer back of card)

Bankcard
Visa
Mastercard
Amex
Diners Club

OR Direct Credit to our Bank Account:

BSB 114-897 **Account**: 483097141 **Name**: KV Cahalane **Bank:** St George

Office Use: Date Received:……..Amount Received:……Chq/Cash