

BOOKING CONFIRMATION SHEET



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

Return via Post, Fax or email to address below.

Note: Any selections below may be changed up to 5 working days prior to your function date.

Phone: 1300 655 602 OR 5547 6622 FAX: 5547 5073 EMAIL: goldcoast@goldenroast.com

Gold Coast Head Office: PO BOX 206 ORMEAU Qld 4208

QUOTE NUMBER: ...Internet..... FUNCTION DATE:.....

BILL TO: NAME:..... CONTACT NAME:.....

BILL TO: ADDRESS:.....

PHONE NUMBER: WK: MOB: HM:.....

VENUE ADDRESS:.....

VENUE PHONE NUMBER: EMAIL (please print)

TYPE OF FUNCTION: NUMBER OF GUESTS (approx).....

SERVE TIME:..... SERVE TIME NIBBLES IS IT A SURPRISE:- YES/NO

**Which MENU have you selected: (Please tick a box) WEDDING BANQUET HOT FINGER FOOD
BIG BUFFET GOLDEN ROAST BUFFET BUDGET BUFFET OTHER:**

Spit roasts selected: BEEF PORK CHICKEN LAMB BAKED HAM

DO YOU REQUIRE – Refer Menu Standards

Optional Extras: Please indicate below, if you would like any optional extra's, that are not included in the Menu you have selected

Country Style Selection or Special Requirements YES/NO

Crockery Plates w/stainless cutlery:- HIRE (Hire List attached) YES/NO

- Main Plate \$1/10 per guest YES / NO Hot Vegetable choices:
- Dessert Plate w/spoon \$1.10/guest YES / NO
- Bread & Butter Plate 55c/guest YES / NO
- Mugs 55c/guest YES / NO

Fresh Fruit Platter Main Course \$1.10/guest YES / NO Salad Choices:

Dinner Rolls 50c/guest YES / NO

Cold Nibble Platters \$1.50/guest YES / NO

Hot Nibble Platters \$3.50/guest YES / NO

Cheese & Fruit Platter served w/dessert \$2.50 YES / NO

Food Buffet Tables \$10.00 each YES / NO Napkin Colour.....

Sweet choices YES/NO: Staff to wear Bowties YES/NO

Sweet choices YES/NO:

Please contact us for final guest numbers and details five (5) working days prior to your function

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

RECOMMENDED WEB SITE YELLOW PAGES RADIO/TV other.....

How will you be paying the balance on the function date?: Cash/Cheque/Money Order/Credit Card

Amount of deposit enclosed:-.....

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

If Payment by Credit Card: Bankcard... Mastercard... Visa ...

Cardholder Name..... Card Number.....

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

Office Use: Date Received:Amount Received: \$..... Cheq/Cash