

Coast to Coast the Golden Roast (Rockhampton)  
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ABN: 71 317 208 056



**BOOKING CONFIRMATION SHEET**

Please complete and return this sheet to confirm and reserve your function date.

Quote Number: Internet Function date: -.....  
Contact name: -.....  
Address: -.....  
Phone number: -..... Your email address.....  
Where did you see our Ad: -.....  
Venue address: -.....  
Venue phone number: -.....  
Type of function: -.....Is it a surprise: - YES/NO  
Number of guests (approx): -.....Serving Time Main Meal : -.....

Which menu have you selected:  
BBQ: Budget Buffet: Golden Roast Buffet: The Big Buffet:  
Wedding Banquet: Finger Food: Other: .....

Please circle selected roasts: Beef, Lamb, Pork, Chicken, Baked Ham, Turkey, Fish

Your selection of salads & Vegetables\_\_\_\_\_

Dessert selection: \_\_\_\_\_

Melamine Plates add \$1.10 per guest per course **where applicable**: Main Dessert Tea & Coffee  
China or Glass add \$2.20 per guest per course: Main Dessert Tea & Coffee  
(Please circle your selected choices)

Is bridal table service required YES/NO Number at table.....

(Surcharge \$50 applies to menus other than wedding menu)

Snack Nibbles @ \$1.50/ guest YES/NO Serving Time Snack: -.....

Hot Entrée platters @ \$3.75/ guest YES/NO Serving Time Hot: -.....

What colour serviettes do you require:-.....

Do you have any special requirements:-.....

Are the following facilities available for us to use? Please tick if available and advise of any problems.

Hot/Cold Water \_\_\_ Sink \_\_\_ Fridge \_\_\_ Stove \_\_\_ Power \_\_\_ Undercover area \_\_\_

**TERMS OF TRADE: - PLEASE SEE ATTACHED SHEET FOR FULL DETAILS**

**I ACCEPT THE TERMS OF TRADE AND AGREE TO THESE TERMS. PLEASE SIGN.....**

How will you be paying your final account: CASH CREDIT CARD  
CHEQUE DIRECT DEBIT

Amount of deposit: -.....  
Payment by Credit Card: Bankcard MasterCard Visa card Barter card ½ cash Amex  
\*\*\*Please Note a service fee applies to use of cards for final invoice payment\*\* Fee does not apply to deposit amounts.  
Cardholder Name..... Expiry Date:...../.....  
Card Number..... Security code:.....  
(refer back of your card)  
Your Signature:-.....Date:-...../...../.....  
Your Receipt No:.....(Office use only)