

**THE GOLDEN ROAST  
P.O. BOX 1603  
NOOSAVILLE DC, QLD, 4566  
PH: (07) 54744855  
FAX: (07) 54740899**

**2008 BOOKING CONFIRMATION FORM**

**Please complete the following & return to the above address to confirm your booking:**

Quote Number:..... Function Date:.....

Contact Name:.....

Address:.....

.....

Phone Number:.....

Venue Address:.....

.....

Venue Phone Number:.....

Type of Function:..... Is It A Surprise: Yes/No

Number Of Guests (Approx)..... Serve Time (Approx).....

Which Menu Have You Selected: Golden Roast Buffet Menu: \_\_\_\_\_

Big Buffet Menu: \_\_\_\_\_

Budget Buffet Menu: \_\_\_\_\_

Other: \_\_\_\_\_

Spit Roast Selected: **Lamb Beef Pork Chicken Baked Ham**

Do You Require Main Meal China Crockery: Yes/No

Do You Require Dessert/Tea & Coffee China: Yes/No

Do You Require Cold Entree Platters: Yes/No

Do You Require Hot & Cold Entree Platters: Yes/No

Do You Require Vegetables: Yes/No

Do You Require Desserts: Yes/No

What Colour Serviettes Do You Require:

Special Requirements:.....

**TERMS OF TRADE:** A deposit of approximately 25% is required to confirm the booking.  
The balance of the account is to be paid on the function date.

We accept cash, cheque, money order, Mastercard, Bankcard & Visa. Credit card payments attract a surcharge of 1%.

We require 2 x 8 foot trestle tables per 50 guests for food preparation & service as well as a hot water urn for tea & coffee.

Amount Of Deposit:.....

**We require you to contact us on the above number 5 days prior to the function to confirm final numbers and details.**

Signature:..... Date:.....