

Coast to Coast the Golden Roast 2008JlyT Series

WEDDING BOOKING CONFIRMATION SHEET

URGENT! Please complete and return ASAP to reserve your function date.

Return via E-Mail, Fax or Post to address below

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

Townsville Head Office Phone/Fax: 47240 399	Po Box 764 Hyde Park Castletown 4812 QLD E-Mail: townsville@goldenroast.com
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E-Mailed:.....

Quote No.: Function date (must be entered)

Contact Name.. **Address:**

Phone Number: **Wk:** **Fax:**

Mob:..... **Email (please print)**.....

Venue address:-

Venue phone number:-.....

Number of guests (approx):-.....

Dining Time (approx):-..... **Nibbles Time:**.....

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

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

WEDDING BANQUET **WEDDING BIG BUFFET** **WEDDING GOLDEN ROAST BUFFET**

WEDDING GOURMET BUFFET **CELEBRATION BANQUET** **OTHER**.....

Spit roasts selected:...**Chicken** **Pork** **Lamb** **Beef** **Baked Ham** **Other**.....

DO YOU REQUIRE -- (Refer Menu Standards)

Crockery Main Meal Plate N/C

Extra Meat Selection \$1.10/Guest

Hot Nibble Entrees \$3.50/Guest

Snack nibbles \$1.50/Guest

Antipasto Platter \$3.50/Guest

Cheese and Fruit Platter \$2.50/Guest

Fruit Punch with Disposable Glasses \$2.50/Guest

Fresh Fruit Platter \$1.10/Guest

Crockery Sweet Plate & S/S Spoon 55c/Guest

China Coffee Mugs 55c/Guest

YES/NO

YES/NO

YES/NO

YES/NO

YES/NO

YES/NO

YES/NO

YES/NO

YES/NO

YES/NO

DO YOU REQUIRE PARTY HIRE

Food Buffet tables\$12.00

Esky's.....\$27.50

Food Marquee.....\$120.00

Plastic Table Covering.....\$3.50

Urn.....\$15.00

Delivery charge may apply.....

Large Cold Room Hire \$180.00

YES/NO

YES/NO

YES/NO

YES/NO

YES/NO

Are Sweets required?

Table Service to Bridal Party?.....

Napkin Colour.....

Please List your choices below:

Recovery Breakfast Menu Available

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

Hot Vegetable choices:.....

Salads choices:.....

Desserts choices:.....

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

Amount of catering deposit enclosed:-.....(Minimum \$100.00)

Signed:-.....

Date:-.....

If Payment by Credit Card:

Mastercard

Visa

Cardholder Name.....

Card Number.....

Expiry Date...../.....

Card Holders Signature.....

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

OFFICE USE ONLY

DAY CONTACT PHONE NO

Fuct Date

AD

CH4 -10.

CHU4.....

EAT TIME

NIBBLES

Meat Selection

HIRE

Arrival Time.....

Veges

Salads

Desserts

Special

Method of Payment