



Coast to Coast the Golden Roast 2009 JUL series

BOOKING CONFIRMATION SHEET

Please complete and return to reserve your function date.

Return via Post or Fax or Email to address indicated below for your area.

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

Head Office

PO Box 1177

ATHERTON QLD 4883

Ph 1300654465 A/H 40962656 Mobile: 0417074223 Email: Cahalane1@bigpond.com.a

Fax 40962039

Posted July 28, 2010 Quote No: .Function date:-

Contact name:-.....

Address:.....

.....

Phone number:-Hm:..... Mobile:.....

- Wk:..... E-mail (please print).....

Venue address:-.....

Venue phone number:-.....

Type of function:-..... Is it a surprise:- YES/NO

Number of guests(approx):-..... Time to dine (approx):-.....

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

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

GOLDEN ROAST BUFFET BIG BUFFET Budget Buffet OTHER:

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

Is china crockery required: YES/NO Main Course \$2.10 per guest per course

Do you require vegetables YES/NO

Do you require Entrée cheese platters YES/NO Additional Cost \$2.50 per guest

Do you require Hot Entrée Nibbles YES/NO Additional Cost \$3.50 per guest

Do you require Snack nibble platters YES/NO Additional Cost \$1.10 per guest.

Do you require Sweet /desserts YES/NO Additional Cost on some Menus

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

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

TERMS OF TRADE:-

- A holding deposit of approximately \$1.00 per guest (minimum of \$50.00) is required to confirm your booking. The account to be paid on the Function date with the Holding deposit deducted.
- For each 50 guests to be served...we require at least two(2) tables (8ft..2400mm) for serving your Buffet and one for preparation.
- A Hot water urn for your tea and coffee.

Staff will arrive Four(4) hours before service...to prepare, cook and serve your buffet.

Please contact us for final guest numbers and details 7 days prior to your function. Payment is required by the Wednesday prior to function by either direct credit or credit card

Amount of deposit enclosed:-.....Do you require a receipt YES/NO

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

If Payment by Credit Card: 1.9% fee Bankcard... Mastercard... Visa

Cardholder Name..... Expiry Date...../.....

Card Number.....Security Code:.....

Card Holders Signature..... (refer back of your card)

Or direct debit into account

BSB 114 -879, Account No 483097141 Acc Name KV Cahalane Bank St George