



WEDDING BOOKING CONFIRMATION SHEET

Return via Post, Fax or Email

Phone:1300 655 602 or 5547 6622 **Fax:** 5547 5073 **Email:** goldcoast@goldenroast.com

Address: GOLDCOAST HEAD OFFICE PO BOX 206 ORMEAU Qld 4208

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

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

QUOTE NUMBER: **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 MAIN:..... **SERVE TIME NIBBLES** **SURPRISE YES/NO**

Which MENU have you selected: (Please tick a box) **WEDDING BANQUET**
BRIDAL BUFFET **TRADITIONAL WEDDING BUFFET** **OTHER:**

Spit roasts selected: **BEEF** **PORK** **CHICKEN** **LAMB** **BAKED HAM**
FISH add \$2.20 **TURKEY** add \$2.20

DO YOU REQUIRE – refer Menu Standards

Crockery Dessert Plate w/spoon \$1.10/guest...	YES/NO	HIRE? (Hire List attached) YES / NO
Crockery Coffee Cups 55c/guest.....	YES/NO	Hot Vegetable choices:
Fresh Fruit Platter Main Course \$2.50/guest....	YES/NO
Dinner Rolls 55c/guest.....	YES/NO
Cold Nibble Platters \$1.50/guest.....	YES/NO	Salad Choices:
Add Cheese kabana to Free nibbles \$1.00/guest	YES/NO
Hot Nibble Platters \$3.50/guest.....	YES/NO
Country Style Selection-refer menu standards	YES/NO
Add an extra Salad/Vegetable 55c/guest	YES/NO
Are Desserts required @ \$2.80 per guests	YES/NO	Dessert Choices
IF NO Do you require us to cut and serve	
Wedding Cake (\$40.00 fee applies).....	YES/NO
Food Buffet Tables \$12.00 each.....	YES/NO	
Napkin Colour(if required additional cost)		
Special Requirements		

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**.....

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

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

EFT/Direct Deposit...BSB: 064401 A/C: 1026 7426 Your Ref: Your Quote Number

If Payment by Credit Card 1% processing fee applies: Mastercard... Visa ...

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

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

Office Use: Date Received:Amount Received: \$..... CHEQ/MO/CC/EFT