

Coast to Coast the Golden Roast 2010 JuL Series – Cairns/Tablelands

**BOOKING CONFIRMATION SHEET for SPIT ROASTS**

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

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

**Note: Any selections below may be changed up to 10 working days prior to your function date.**



**Phone All Areas: 1300655602 or Ah: 40962656 Fax All Areas: 40962039**

**Email: cairns@goldenroast.com**

P O Box 1177, Atherton, Qld 4883

Quote Number: Internet

**Function date (must be entered):.....**

Contact name:-..... Address:

**Phone number** Hm..... Wk.....

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

**Venue address:-**.....

Venue phone number:-..... **Number of guests(approx):-**.....

What time to commence Main Buffet Dining:-..... Nibbles

Time:.....

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

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

**Your selected Menu.....**

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

**DO YOU REQUIRE –**

Hot Nibble Entrees \$3.50/guest	YES / NO
Entrée Cheese Platters \$2.50/guest	YES / NO
Snack Nibble Platters \$1.10/guest	YES / NO
Crockery Main Course \$2.10/guest	YES / NO
Crockery Sweet/Dessert 2.10/guest	YES / NO
Add Salad/Vegetable 55c/guest/choice	YES / NO
Add Fourth Meat \$1.10/guest	YES / NO

**Napkin Colour** .....

**Hot Vegetables choices:**.....

**Salads choices:** Tossed .....

**Desserts choices:**.....

**Special Requirements:**.....

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

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

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

**If Payment by Credit Card – 1.9% processing fee applies:** I Bankcard

Cardholder Name..... I Visa

Card Number..... I Mastercard

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

Security Code: ..... (refer back of card)

OR Direct Credit to our Bank Account:...use your name as reference.

**BSB 114-879 Account: 483097141 Name: KV Cahalane Bank: St George**