

Coast to Coast the Golden Roast 2011B Series

# INTERNET FF BOOKING CONFIRMATION

**\*\*\*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 7 working days prior to your function date.



**Phone : 3804 0171      Fax : 3804 0327      Email: Brisbane@goldenroast.com**

Brisbane Catering Office

P O Box 460, Acacia Ridge, Qld 4110

OFFICE USE ONLY

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

**Contact name:-**.....

Address: .

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

Mob:.....

**Email** (please print).....

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

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

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

What time to commence Nibbles:-.....

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

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

FINGER FOOD       OTHER .....

CONTACT PHONE NO

.....

Fuct Date

Fuct add

AD .....

CH6-10.....

CH4-5.....

CHU4.....

EAT TIME

**DO YOU REQUIRE – refer Menu Standards**

- With crockery plates .55cents per guest
- Antipasto Platter \$3.50/guest
- Crockery Sweet plates & coffee mug \$1.10/guest
- Fresh Fruit Platter \$2.50/guest
- Cheese and Fruit Platter \$3.50/guest
- Fruit Punch with disposable glasses \$2.80/guest
- Are Sweets required?

YES / NO  
 YES / NO  
 YES / NO  
 YES / NO  
 YES / NO  
 YES / NO  
 YES / NO

**DO YOU REQUIRE PARTY HIRE**

Food Buffet Tables

YES / NO

Desserts

Special

**Hot Finger Food choices:**.....

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**Please contact us for final guest numbers and details seven working days prior to your function**

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

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

**EFT Deposit Payment: BSB 124001 Account 20944266 Your Ref: Name**

**Please make cheques payable to Coast to Coast The Golden Roast**

**If Payment by Credit Card – 1% processing fee applies:**

Cardholder Name.....  Visa

Mastercard

Card Number.....

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

Completed

Deposit Pd  
Date Rec'd

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