

Coast to Coast the Golden Roast 2011 Series

# BOOKING CONFIRMATION

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

**Return via Post or Fax to address indicated below.**



**Phone: 3804 0171 Fax : 3804 0327 E:brisbane@goldenroast.com**

**South** Brisbane Catering Office

P O Box 460, Acacia Ridge, Qld 4110

OFFICE USE ONLY

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

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

Postal 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 Main Buffet Dining:-..... Nibbles Time:.....

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

Which menu have you selected:

**Menu selected**.....

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

**DO YOU REQUIRE – refer Menu Standards**

- Hot Nibble Entrees \$4.00/guest
- Cold Nibbles \$1.50/guest
- Crockery Sweet/Dessert \$1.10/guest
- Crockery Coffee Cups \$1.10/guest
- Fresh Fruit Platter \$2.80/guest
- Cheese and Fruit Platter \$3.50/guest
- Supply assorted soft drinks ..request list..?
- Are Desserts required?

- YES / NO
- YES / NO
- YES / NO
- YES / NO
- YES / NO
- YES / NO
- YES / NO
- YES / NO

**DO YOU REQUIRE HIRE**

Food Buffet Tables

YES / NO

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

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

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

Special Requirements.....

**CONTACT PHONE NO**

.....

Fuct Date

Fuct add

AD .....

CH4-10.....

CHU4.....

**EAT TIME**

NIBBLES

Meat Selection

Free Ham Platter  
YES NO

Disposable Plates  
YES NO

Veges

Salads

Desserts

Special

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

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

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

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

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

**If Payment by Credit Card – 1.5% processing fee applies.. AMEX 3.5%**

Cardholder Name.....

Visa

Card Number.....

Mastercard

AMEX

Card Holders Signature.....

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

**Completed**

Deposit Pd

**Date Rec'd**