



BOOKING FORM

Name _____

Address _____

Phone (H) _____ (M) _____

Fax _____ Email _____

Date of function _____ Type of Function _____

Start Time _____ Pick/Drop off Location Southbank
 Mowbray Park
 Riverside (\$110)

No. of Guests _____

Hours Required: 2 hours \$600
 3 hours \$900
 4 hours \$1100

Menu Chosen _____

TOTAL: \$ _____ (Deposit \$300)

Please forward to: Fax: 32869899
 or
 P O Box 8161 Cleveland Q 4163

Deposit to: BSB: 084606 Acc: 584111723 (N.A.B)
 or
 Credit Card Details (*Visa or Mastercard*):

How did you hear about RCC:.....