



## 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: 3206 2152

or

P O Box 8161 Cleveland Q 4163

Deposit to: BSB: 084606 Acc: 584111723 (N.A.B)

or

Credit Card Details (*Visa or Mastercard*):

\_\_\_\_\_ exp \_\_\_\_\_

How did you hear about us \_\_\_\_\_