

# Friend In Hand Hotel Function Booking Form

## BOOKING FORM

### CLIENTS NAME OR COMPANY DETAILS

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### CONTACT NUMBERS

WORK \_\_\_\_\_  
HOME \_\_\_\_\_  
MOBILE \_\_\_\_\_  
FAX \_\_\_\_\_

DATE OF FUNCTION \_\_\_\_\_

TYPE OF FUNCTION \_\_\_\_\_

FUNCTION START TIME \_\_\_\_\_

NUMBER OF GUESTS

IS CATERING REQUIRED? YES  NO

PLATTER MENU PACKAGE NUMBER

NUMBER TO BE CATERED FOR

TOTAL COST OF FOOD \$ \_\_\_\_\_

(Internal use only) Has the food been ordered  
\_\_\_\_\_ date \_\_\_\_\_ by who \_\_\_\_\_.)?

TIME THAT FOOD IS REQUIRED TO BE SERVED \_\_\_\_\_

SPECIAL FOOD REQUIREMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECURITY DEPOSIT TAKEN	YES	NO	\$ 200.00
BOOKING FEE TAKEN	YES	NO	\$ 110.00
BOOKING FEE WHOLE FLOOR	YES	NO	\$ 220.00
Cost of catering			\$
Total payable including refund			\$

DATE DEPOSIT RECEIVED \_\_\_\_\_

SIGNATURE OF MANAGER TAKING THIS BOOKING \_\_\_\_\_