



FUNCTION CONFIRMATION FORM

****Please return this form when paying the function deposit****

FUNCTION DAY & DATE: COMMENCEMENT TIME:

VENUE: APPROX. NO. OF GUESTS :

OCCASION: CONTACT NAME:

BRIDE & GROOM'S NAME:

(IF APPLICABLE)

BUSINESS NAME:

(IF APPLICABLE)

ADDRESS:

SUBURB:..... POSTCODE:

TELEPHONE #s: HOME#: WORK#:

MOBILE#: EMAIL ADDRESS:

PERSONS RESPONSIBLE FOR PAYMENT OF ACCOUNTS

NAME:

ADDRESS:

SUBURB:..... POSTCODE:

TELEPHONE #s: HOME#: WORK#:

MOBILE#: EMAIL ADDRESS:

IF PAYING THE DEPOSIT BY CREDIT CARD, PLEASE COMPLETE THE DETAILS BELOW:

Credit Card #: Expiry date:

Cardholders Name: Amount: \$.....

Authorised by (Signature of cardholder):

EFT Payments – Please note: Narration with payment must include the date and name of function.

Account details – (name of account payment is coming from): Date & Amount paid:

Please forward this sheet as confirmation of payment.

Our bank details:

Matilda Bay Restaurant

BSB # 066000

Account # 10576977

Commonwealth Bank

I have read, understood and agree to the terms and conditions noted in the function information as attached to the menu package.

NAME & SIGNATURE: DATE: