SPECIAL EVENTS CONFIRMATION FORM

MATILDA BAY
RESTAURANT + BAR

****Please return this form when making payment****

☐ **Melbourne Cup** ☐ **Christmas Day** ☐ **New Year's Eve**

BOOKING NAME: _____

CONTACT NAME: _____

NUMBER OF GUESTS: _____

ADDRESS: _____ POSTCODE: _____

TELEPHONE: HOME #: _____ WORK #: _____

FAX #: _____ MOBILE #: _____

EMAIL ADDRESS: _____

****

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

Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry: _____

Name on card: _____ Amount: $ _____

Authorised by (signature of cardholder): _____

****

Signed: _____ Date: _____

OFFICE USE ONLY

Payment Details:

Amount: _____ Method: _____ Date: _____

Voucher #: _____ Date Sent: _____ Sign: _____

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