

HOSPITALITY BOOKING FORM



Event details

Name or a/c to be invoiced	Organisation
Invoice Address	Event title
Date of event	Contact no
No of delegates	Facility booked

BEVERAGES

	Please indicate your selection and state the time(s) you would like your drinks served:	
Coffee and tea selection	<input type="checkbox"/>	
Coffee and tea selection with traditional biscuits	<input type="checkbox"/>	
Coffee and tea selection with freshly baked cookies	<input type="checkbox"/>	
Coffee and tea selection with a selection of mini Danish pastries	<input type="checkbox"/>	
Chilled still and sparkling mineral water	<input type="checkbox"/>	
A selection of chilled fruit juices	<input type="checkbox"/>	

BREAKFAST

Please indicate your breakfast selection below:	Please state the time(s) you would like your food served:

SANDWICH SELECTION

Please indicate your choice of sandwich selection below:	Please state the time(s) you would like your food served:

FINGER FOOD

Please indicate your finger food selection below:	Please state the time(s) you would like your food served:

FORK BUFFETS

Please indicate your choice of fork buffet below:	Please state the time(s) you would like your food served:

BOWL FOOD

Please indicate your choice of bowl food below:	Please state the time(s) you would like your food served:

DESSERTS

Please indicate your choice of dessert below:	Please state the time(s) you would like your food served:

SPECIAL REQUIREMENTS

Please indicate any special requirements below (e.g dietary requirements)
