

EVENT BOOKING FORM

Please complete and fax to Creative Catering (06) 355 5433

Or Email to creativecatering@xtra.co.nz

Function name	
Company name	
Venue	
Dates	

CONTACT DETAILS

Name:	
Phone:	Mobile: Fax:
Email:	
Postal address:	Physical address:
Postcode:	Postcode:
CONTACT ON DAY	

BOOKING DETAILS

NUMBER OF PEOPLE	
SET UP STYLE	

CATERING REQUIREMENTS

	TIME	MENU
Access		
Start time		
Finish time		
Canapés		
Bar		
Dinner		
Other		

NOTES

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DEPOSIT PAYMENTS CAN BE MADE BY INTERNET BANKING OR DIRECT CREDIT

Reference – Name & date of function

Account info: **BNZ Acc # 02-0727-0346942-02**

TERMS AND CONDITIONS

Terms and conditions will be provided with your confirmation. These may vary depending on the type of event being planned.

Below are some of the terms and conditions that may apply to your event;

INCLUDED IN YOUR ROOM HIRE

- In house tables (round or trestle) and chairs
- White tablecloths
- Setup
- Staffing

All AV requirements not on site will be outsourced and on charged.

CONFIRMATION

- Please confirm actual numbers 5 working days prior to your event. You will be charged for numbers given unless special arrangements have been made with the Catering Manager.

DEPOSIT

- You may be required to provide us with a deposit to confirm your event.
- Final payment to be made within 7 days of receipt of invoice.

FOOD AND BEVERAGE EVENTS

- All products are subject to availability and prices are subject to change
- No food or beverage is to be brought into the Awapuni Function Centre.
- Catering requirements need to be confirmed 14 working days prior to your event.
- Should you need to cancel your event, whether in whole or in part, you shall advise us in writing as soon as possible. Refunds are at the discretion of the Catering Manager.

DAMAGES/INSURANCE

- You agree and acknowledge that you shall be financially and legally responsible for any damage to our premises or equipment during the event. Such responsibility/liability extends to you, your guests and invitees, outside contractors or any other persons attending the event.

NAME OF FUNCTION

Signed by

Catering Manager

Signed by

Client

DATE OF FUNCTION

DATE

DATE
