WEDDING FUNCTION CONFIRMATION FORM

MATILDA BAY
RESTAURANT + BAR

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

FUNCTION DATE: _____ COMMENCEMENT TIME: _____

VENUE:_____APPROX. NO. OF GUESTS : _____

CONTACT NAME: _____

BRIDE'S NAME: _____

GROOM'S NAME:_____

ADDRESS: _____ POSTCODE: _____

TELEPHONE : HOME #: _____ WORK #: _____
FAX #: _____ MOBILE #: _____

EMAIL ADDRESS: _____

****

PERSONS RESPONSIBLE FOR PAYMENT OF ACCOUNTS

1) NAME _____

FOOD A/C _____BEVERAGE A/C _____

ADDRESS: _____ POSTCODE: _____

TELEPHONE : HOME #: _____ WORK #: _____
FAX #: _____ MOBILE #: _____

****

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

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

Name on card: _____ Amount: $ _____

Authorised by (signature of cardholder):_____

****

EFT Payments

Please forward this sheet as confirmation of payment. Amount Paid: $ _____

Date Paid: _____

Our bank details: Matilda Bay Restaurant BSB # 066000 Account # 10576977 Commonwealth Bank

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

1) Signed: _____ Date: _____

2) Signed: _____ Date: _____

3 Hackett Drive, Crawley, Western Australia 6009
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