

# FUNCTION/GROUP BOOKING FORM

## Function Details

Booking Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Function/ Group Booking:  /  /

Type of Function: \_\_\_\_\_

Time of Booking: \_\_\_\_\_

Number of Guests (Final numbers must be confirmed 48 HRS prior):

No. of Adults:

No. of Kids:

Menu Selection: Set Menu 1

Set Menu 2

Menu Extras:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drinks:

\_\_\_\_\_  
\_\_\_\_\_

Minimum Spend (if Applicable) for exclusive use:

NOTE: A deposit of \$20pp min is required to secure all bookings for all cfunctions & group bookings  
I have read and agree to all terms and condition

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

All group bookings will incur a 10% service fee surcharge, this will be added to your final bill on the day

## Deposit Remittance Details

Cash Amount: \$

Cheque Number: \_\_\_\_\_

Electronic funds transfer

Amount: \$

EFT Reference:

Account name El & Co Pty Ltd

BSB: 062 471 Account Number: 1026 7384

NOTE: Please ensure you reference direct credit payments with the name your bookings will be made in and email a receipt of payment to

functions@elscafebar.com.au

Credit card Payment: (All credit cards incur 1.4%

surcharge)

Amount: \$

Card Type MasterCard Visa Amex Diners

Card #

Name on Card \_\_\_\_\_

Expirey Date  /

Signature \_\_\_\_\_

Office Use Only

Progress Payment

Due Date

Final Progress Payment

Due Date