

BOOKING FORM

By signing the booking confirmation you accept and agree to all terms and conditions outlined on the previous pages

Please note that due to responsible service of alcohol ALL guests must be catered for with cocktail food or set menus options

FUNCTION NAME: _____ ORGANISER: _____

EMAIL: _____ PHONE: _____

ADDRESS: _____ STARTING TIME: _____

DATE OF FUNCTION: _____ FINISHING TIME: _____

EXPECTED NUMBER OF GUESTS: _____ MINIMUM SPEND: _____ \$300 DEPOSIT REQUIRED

TYPE OF FUNCTION: COCKTAIL SIT-DOWN OTHER

FUNCTION ROOM: ASTORIA ATRIUM GILLES MIDWICKET PULTENEY

METHOD OF PAYMENT: CASH CARD BANK TRANSFER - BSB: 015 311 ACC: 2898 65944 (Please send a confirmation)

CREDIT CARD PAYMENTS ARE WELCOME VIA PHONE IF PREFERRED (0.73% surcharge Applies to all Card Transactions)

NAME ON CARD _____ CARD NUMBER _____ CVV NUMBER _____

CARD TYPE _____ EXPIRY DATE _____ AMOUNT _____

I am the authorised owner of this credit card and I authorise The Astor Hotel management to process payment of above amount from my credit/debit card

I hereby agree with Terms & Conditions of The Astor Hotel

SIGNED: _____ PRINT NAME: _____ DATE: _____