

BAR INFORMATION

Bar Tab Requested Yes / No

List Bar Tab Drinks (eg. Local Tap Beer, House Wine, House Spirits, Softdrink)

Bar Tab Limit \$ _____

Comments

OTHER REQUESTS

Eg Cake, Decorations etc

DEPOSIT INFORMATION

Please Note: Deposit amount must be at least 10% of total Function cost.

Deposit Amount \$ _____ Date Paid _____

Method of Payment Cash or Credit Card Visa / Mastercard / Diners / Amex (circle one only)

Name on Credit Card _____

Credit Card Number _____ Credit Card Expiry ____/____

ACCOUNT DETAILS

Food Spend \$ _____ Bar Tab \$ _____ Other \$ _____

Bill Total \$ _____ Food Deposit Amount \$ _____

Amount Owing \$ _____

I _____ Credit Card Holder understand that my deposit is not refundable should I cancel the function with less than 3 days notice. I authorise the Collingwood Hotel to charge my Credit Card for the total deposit amount of \$ _____

Name _____

Signature _____

Date _____

Bookings are only confirmed once deposit is received