

Lismore Workers Sports Club

PRIVATE FUNCTION

Garden Room #: _____ Day: _____ Date: _____
 Name: _____ Phone: _____
 Address: _____
 Number of Guests: _____ (a) _____ (c) _____ Arrival Time: _____ Bar Service From: _____
 Pay for Own: Yes/No Dry Till: Yes/No Amount: \$ _____ Dry Till From: _____

Type of Drinks included in Dry Till: Middies of Beer House Wine Soft Drink
 Spirits ½ Full
 Punch Required Yes/No Non-Alcoholic Alcoholic

Comments: _____
 Meal Served From: _____ am/pm Pre-Snack: Yes/No Time Served: _____
 More Info: _____

Smorgasbord \$34	Reduced Smorgasbord \$30	Hot Buffet \$28
(1) _____	(2) _____	
(3) _____	(4) _____	
(5) _____		
Salads		
(1) _____	(2) _____	
(3) _____	(4) _____	
(5) _____		
Deserts		
(1) _____	(2) _____	
(3) _____	(4) _____	
(5) _____		

Formal Dining
 Entrée: (1) _____ (2) _____ \$ _____
 Main: (1) _____ (2) _____ \$ _____
 Desert: (1) _____ (2) _____ \$ _____

Special Dietary Requests: _____
 Serviettes: _____ Table Cloths Yes/No
 Head Table: Yes/No Gift Table Yes/No Sign Table Yes/No
 No Open Rounds of 8's: _____ 6's _____ Cake Table Yes/No Knife (Cake) Yes/No
 Time to Access and Decorate: _____ am/pm Juke Box Hire \$110 Yes/No

Comments: _____

Microphone Lectern TV/Video/DVD Whiteboard Data Projector
 Requirements: _____

I agree that the above is true and correct
 Customer Sign: _____ Date: _____

Payment to be made: Prior to Function On the Day/Night On Strictly 7 Day Account
 By Cash Cheque Eftpos or MasterCard/Visa No: _____ Exp: ____/____

Cardholder Signature: _____
Thank You