

BOOKING FORM PLEASE KINDLY EMAIL TO OUR FUNCTION TEAM

NAME OF ORGANISER:

CONTACT PERSON EMAIL:

TELEPHONE:

EVENT:

ADDITIONAL INFO:

EVENT NAME:

DATE OF EVENT:

FUNCTION AREA:

NO. OF GUESTS:

START TIME:

FINISH TIME:

MENU SELECTION:

DRINKS PACKAGE:

DECORATIONS:

PAYMENT METHOD: CASH/CREDIT CARD/CHEQUE/INVOICE or Guests paying individually.
I have read the information in this function package and accept the Terms and Conditions outlined.

PRINTED NAME

SIGNATURE

DATE

BOOKING AND DEPOSIT ACCEPTED BY SIGNATURE & DATE



W A L L I S
AUCHENDARROCH
HOUSE

Functions Team

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