

BOOKING FORM

| | | | |
|---|--|---|--|
| FUNCTION DATE and NAME: | | | |
| CONTACT NAME: | | | |
| COMPANY NAME: If applicable | | | |
| PHONE: | | (M): | |
| E-MAIL: | | | |
| FUNCTION TYPE: <input type="checkbox"/> Cocktail style <input type="checkbox"/> Seated | | LOCATION: <input type="checkbox"/> Function room <input type="checkbox"/> Courtyard | |
| GUESTS ATTENDING: | | GUESTS CATERING: Final numbers to be confirmed 3 business days prior to Event, as this will reflect amount charged on final bill. | |
| ARRIVAL TIME: | | FINISH TIME: | |
| SIGNATURE: | | | |
| By signing the above you agree to the Speakeasy terms and conditions (page 6). | | | |
| DEPOSIT | | | |
| CARD HOLDER NAME: | | | |
| CARD NUMBER: | | | |
| EXPIRY: | | | |
| By signing below you authorise Speakeasy to charge your card \$300. (1.5% surcharge) | | | |
| CARD HOLDER SIGNATURE: | | | |
| DATE: | | | |
| Please return form to Email: bookings@speakeasybar.com.au | | | |

