

FUNCTION BOOKING APPLICATION AND DEPOSIT FORM

Event Name _____

Company Name _____

Name of Organiser _____

Address _____

Telephone No _____

Facsimile _____

Mobile _____

Email _____

Date of Event _____

Area Ground Level: Level One:

Times Required From _____ To _____ (4 hr standard) day
(5 hr standard) night

Style of Event: Sit-down Stand-up:

Number of guests _____

Bar Tab \$ _____ OR Drinks Package per head: \$ _____

Food Package (please attach selection) _____

Price per head \$ _____

Special requirements _____

Deposit amount enclosed:

Cheque \$ _____

EFT \$ _____

Bank Details: M&C Aldred t/a The Metropolitan Hotel, BSB 063 010, A/C 11453485

Cash: \$ _____

Credit card: \$ _____ (inc additional 2%) (please refer to the deposit terms above)

Master Card

Visa Card

Amex Card

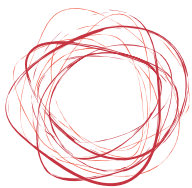
Cardholder's Name _____

Cardholders Signature _____

Card No. _____

Expiry date _____ / _____ CVV2 _____

Please complete all relevant details above and return either by e-mail to mail@themetropolitanhotel.com.au or by facsimile on (03) 9670 8705



themetropolitan

