

St. Nedela, Macedonian Orthodox Church

EVENT BOOKING FORM

Name of Function _____ Date of Function _____

Starting time _____ Finishing Time _____

Approximate number attending: _____

Set Up Required: U-Shape Theatre Boardroom Classroom Cocktail Banquet

Other _____ Audio Video Required _____

GOVERNMENT/COMPANY:

PRIVATE:

CONTACT DETAILS

CompanyName _____ Contact Name _____

Contact Phone _____ Contact Email _____

Postal Address (For Mailing of Invoice) _____

Booked by _____ (Leave Blank if same as contact)

PAYMENT DETAILS

Deposit Required: **\$400.00 (non-refundable if your event is cancelled)**

Payment Method EFT Cheque /Cash Credit Card

Purchase Order Number _____

Credit Card Number _____

Name on Card _____

I authorise this credit card to be charged the **\$400.00** non-refundable deposit and the outstanding amount for my event/conference (Signature) _____

**Thank you for completing this form and returning it to the Banquet department.
Please do not hesitate to contact us directly should you have any further questions.
We will be in touch to confirm your request, and catering requirements.**