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Palace Hotel Functions

Booking Confirmation Sheet

PLEASE FILL OUT AND RETURN TO THE FUNCTIONS COORDINATOR AT FUNCTIONS@PALACEHOTEL.COM.AU TOGETHER WITH
 ADVICE ON YOUR CATERING REQUIREMENTS

ORGANISERS DETAILS	
NAME	
PHONE NUMBER	
RESIDENTIAL ADDRESS	
POSTAL ADDRESS	AS ABOVE <input type="checkbox"/>
EMAIL ADDRESS	
FUNCTION DETAILS	
BOOKING IN THE NAME OF	
BUSINESS NAME (IF APPLICABLE)	N/A <input type="checkbox"/> AS ABOVE <input type="checkbox"/>
DAY & DATE OF FUNCTION (E.G. SAT 03/06/2023)	
OCCASION (E.G. BIRTHDAY PARTY)	
START TIME OF FUNCTION	
NUMBER OF GUESTS	
FURNITURE	STAND UP COCKTAIL STYLE <input type="checkbox"/> (TALL TABLES & BAR STOOLS) SIT DOWN DINNER <input type="checkbox"/> (REGULAR TABLES & CHAIRS)
FOOD MENU SELECTION	
PLEASE INDICATE WHICH FOOD MENU YOU WISH TO SELECT FROM.	COCKTAIL PLATTERS <input type="checkbox"/> HOT ROAST ROLLS (\$35 PER HEAD) <input type="checkbox"/> SET MENU PACKAGE: \$75 PER HEAD <input type="checkbox"/> \$90 PER HEAD <input type="checkbox"/> \$95 PER HEAD <input type="checkbox"/> À LA CARTE (PRE-ORDER FROM GENERAL MENU) <input type="checkbox"/> OTHER <input type="checkbox"/> (PLEASE SPECIFY) _____
DO ANY OF THE GUESTS REQUIRE DIETARY SPECIFIC CATERING, SUCH AS VEGAN, VEGETARIAN OR GLUTEN FREE ALTERNATIVES?	YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE SPECIFY: _____

DO YOU INTEND TO BRING A SPECIAL OCCASION CAKE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
OTHER REQUESTS	
BEVERAGE SELECTION (ALL BEVERAGES ARE CHARGED ON A CONSUMPTION BASIS ONLY) NO BYO	
PLEASE SELECT FROM THE FOLLOWING	TUBS ON ICE (SELFE SERVE) <input type="checkbox"/> BAR TAB <input type="checkbox"/> GUESTS PURCHASING OWN DRINKS AT BAR <input type="checkbox"/>
CREDIT CARD DETAILS (SURCHARGES APPLY FOR AMEX AND DINERS CARDS) WE REQUIRE YOUR CREDIT CARD DETAILS FOR THE PURPOSES OF SECURING YOUR CONFIRMED BOOKING. THESE DETAILS WILL BE KEPT PRIVATE & CONFIDENTIAL & PROPERLY DISCARDED AFTER THE FUNCTION.	
TYPE OF CARD	VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DINERS <input type="checkbox"/>
CREDIT CARD NUMBER	
EXPIRY DATE	
NAME ON CARD	
SIGNATURE OF CARD HOLDER	<div style="text-align: right;"> SIGN HERE</div> DATE: _____
DECLARATION/ACCEPTANCE	
SIGNATURE OF ORGANISER BY SIGNING THIS FORM, YOU ARE AKNOWLEDGING THAT YOU HAVE READ, UNDERSTAND & AGREE TO THE TERMS AND CONDITIONS OF THE PALACE HOTEL KALGOORLIE, AND CONFIRM THAT THE INFORMATION YOU HAVE PROVIDED HEREIN IS TRUE AND CORRECT.	<div style="text-align: right;"> SIGN HERE</div> DATE: _____