

Booking Form



Events

Today's Date: ____ / ____ / ____

Name of Organiser: _____

Email: _____

Contact Number/s _____

Type of Event: _____

Contact Person During Event: _____

Mobile Number: _____

Date of Booking: ____ / ____ / ____

Time: Set Up _____

Number of Guests: _____

Time: Arrival _____

Minimum _____ Maximum _____

Time: Finish _____

Time: Vacate _____

Invoicing Details _____

ROOM _____

ACORN Half Day Full Day Evening

OAK Half Day Full Day Evening

FERN Half Day Full Day Evening

THE ATRIUM BUILDING Half Day Full Day Evening

ROOM SET UP _____

Theatre Classroom Dining Cocktail

(Linen is included in Dining and Cocktail set up)

LINEN *(Please note a surcharge applies)* _____

Classroom Head Reg Cake Gift Other

TABLES _____

Head No: _____ Cake Gift

CATERING *(Please note a 20% surcharge applies for a non-catered event)* _____

MENU TYPE	Expected Numbers	Menu Price	Time
<input type="checkbox"/> French	_____	_____	_____
<input type="checkbox"/> Waited	_____	_____	_____
<input type="checkbox"/> Afternoon Tea	_____	_____	_____
<input type="checkbox"/> Platters	_____	_____	_____
<input type="checkbox"/> Cocktail	_____	_____	_____

BEVERAGES *(If not included in menu)*

- Tea/Coffee
- Orange Juice
- Cocktail Package-1 hour
- Cocktail Package-2 hours
- Cash Bar
- TAB

Time Bar Open: _____

Time Bar Closed: _____



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Events [CONTINUED]

DIETARY REQUIREMENTS

Number

- | | |
|---------------------------------------|-------|
| <input type="checkbox"/> Vegetarian | _____ |
| <input type="checkbox"/> Gluten free | _____ |
| <input type="checkbox"/> Dairy Free | _____ |
| <input type="checkbox"/> Nut Free | _____ |
| <input type="checkbox"/> Vegan | _____ |
| <input type="checkbox"/> Other: _____ | _____ |

AV EQUIPMENT _____

- Speakers/Sound *(Fern/Oak only)*
- Mic-Wired *(Fern/Oak only)*
- Mic-Lapel *(Fern/Oak only)*
- Mic-Cordless Hand Held *(Fern/Oak only)*
- Wireless Internet

ENTERTAIN _____

- Band _____
- DJ _____
- iPod
- Other: _____

TECHNICAL ASSISTANCE REQUIRED *(The function manager will set up basic AV requirements free of charge)*

- Set Up only *(Hourly rate applies)*
- Set Up and Troubleshooting during event *(Hourly rate applies)*

Any other requirements or services

To confirm your booking please fill in your requirements where applicable, sign below and return to The Atrium by email: events@victoriafoods.co.nz

I acknowledge the above information to be correct and agree to the Terms and Conditions.

Name: _____ Signed: _____ Date: ____/____/____

