

# Booking Form

## Celebrations

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Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Organiser: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Number/s \_\_\_\_\_

Type of Celebration: \_\_\_\_\_

Contact Person During Event: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Date of Booking: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time: Set Up \_\_\_\_\_

Number of Guests: \_\_\_\_\_

Time: Arrival \_\_\_\_\_

Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

Time: Finish \_\_\_\_\_

Time: Vacate \_\_\_\_\_

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

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"/> Buffet	_____	_____	_____
<input type="checkbox"/> Set / Waited	_____	_____	_____
<input type="checkbox"/> Lunch	_____	_____	_____
<input type="checkbox"/> Platters	_____	_____	_____
<input type="checkbox"/> Cocktail	_____	_____	_____

BEVERAGES *(If not included in menu)*

- Tea/Coffee
- Orange Juice
- BYO / Corkage
- Beer / Soft Drink / OJ Package
- All Beverages-Standard
- All Beverages-Premium
- Cocktail Package-1 hour
- Cocktail Package-2 hours
- Cash Bar
- TAB

Time Bar Open: \_\_\_\_\_

Time Bar Closed: \_\_\_\_\_



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## Celebrations [CONTINUED]

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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)*

INVOICING INSTRUCTIONS *(Please include: name, PO, email and postal address)*

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Any other requirements or services

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To confirm your booking please fill in your requirements where applicable, sign below and return to The Atrium by email: [celebrations@atriuminthepark.co.nz](mailto:celebrations@atriuminthepark.co.nz) or fax: 03 379 4207 or post (PO Box 7548, Sydenham, Christchurch, 8240)

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

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

