

**FUNCTION REQUEST FORM**

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| --- | --- |
| EVENT DATE | 6/10/24 |
| EVENT  | Celebration of life |
| PRIMARY CONTACT | Maria Stickland  |
| EMAIL | mariastickland@gmail.com |
| PHONE  | 0417324584 |
| GUESTS | Approx. 35-40 |

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**DETAILS:**

START TIME: Guests/Host Arrive 12.30

END TIME: Guests Depart 4.30

GUEST ARRIVAL: 12.30

EVENT OVERVIEW:

BUDGET:

FOOD: Please indicate your budget range per person.

NB: A minimum spend per person will be required to secure your booking. Minimum venue spend for Friday and Saturday nights will be required to secure your event. Other nights or days are available by negotiation.

**BEVERAGE:** Please choose:

On consumption – guests pay for their drinks

On consumption limited bar tab – paid for by host

Open bar tab – paid for by host

Beverage package – to be discussed. To Be Discussed

**MUSIC:** Light classical

**SECURITY:** Mandatory for 18th, 21st and some other events. Let’s chat.

**CAKE**:

**DECORATIONS:** Describe any decorations you would like for your event: (Please note confetti, balloons and glitter will incur a cost for disposal and cleaning. We respectfully request all decorations to be used in the premises are biodegradable or removed in full by event organiser).

Favourite colour was red – add red elements.

Niece to do some flowers.

**SPECIAL REQUESTS**

Please advise any other information including dietary requirements and preferences:

2 coeliac (possible 1)

1 vegan

1 lactose intolerant

1 vegetarian

**ANY OTHER INFORMATION**