

6931 6275

open to public
7 days

Wagga City Golf Club

FUNCTION BOOKING FORM

Thank you for considering The Wagga City Golf Club for your next function.

This booking form is a protected Microsoft Word document. Use your tab or arrow keys to move between fields. Complete the following form, save document and email back to scott@waggagolf.com.au

Alternatively, please print and complete details, then return pages and signed Agreement to the Club to secure your Booking.

Note: Prices are correct for 2009 but are subject to change.

Date of Function		Date of Booking	
Contact Name			
Address			
Suburb		Postcode	
Business Phone		Home Phone	
Mobile			

Room Hire Cost: \$350.00

Type of Function: (Please Tick Box)

CONFERENCES	FUNCTIONS	SPECIAL EVENTS
<input type="checkbox"/> Boardroom Conference	<input type="checkbox"/> Charity Event	<input type="checkbox"/> Wedding Day
<input type="checkbox"/> Seminar/Workshop	<input type="checkbox"/> Fundraiser	<input type="checkbox"/> Wedding Anniversary
<input type="checkbox"/> Meeting/AGM	<input type="checkbox"/> Presentation	<input type="checkbox"/> Engagement Party
<input type="checkbox"/> Corporate Golf Day	<input type="checkbox"/> Reunion	<input type="checkbox"/> 21 st /Birthday
<input type="checkbox"/> Product Launch	<input type="checkbox"/> Trade Fair	<input type="checkbox"/> Wake
<input type="checkbox"/> Luncheon Meeting	<input type="checkbox"/> Ball/Dinner Dance	<input type="checkbox"/> BBQ

Set Up Style:

<input type="checkbox"/> Theatre	<input type="checkbox"/> Classroom	<input type="checkbox"/> Boardroom	<input type="checkbox"/> Cabaret Round	<input type="checkbox"/> 'U' Shape table
Table & Chairs for Bridal Party		Numbers at table		Long Yes
Time	From	To	Number of Guests	

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Special Requirements: (Please Tick Box)

Round Tables	<input type="checkbox"/> 8 <input type="checkbox"/> 10 (may require additional cost for 10)
Cake Table	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gift Table	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Chairs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Table & Chairs for Bridal Party (outside)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wedding Ceremony at the Club	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photos at the Club	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, time
Balcony	<input type="checkbox"/> Opened <input type="checkbox"/> Closed
Microphone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lectern	<input type="checkbox"/> Yes <input type="checkbox"/> No
Video Capability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waterfalls & Lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electric Golf Carts	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number
Additional Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number
Other Requirements	

Beverage Requirements: (Please Tick Box where applicable)

TYPE	PRE-DINNER	TAP	JUGS	BOTTLE	TYPE
Heavy Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Light Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mid Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TYPE	PRE-DINNER	BOTTLE	CARAFE	CASK	GLASS
White Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Champagne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TYPE	PRE-DINNER	TYPE	TYPE	TYPE	TYPE
Spirits	<input type="checkbox"/>				
Soft Drinks	<input type="checkbox"/>				

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Bar Staff Instructions:

Start of Reception	pm	Bar to be opened by	pm
Dry till \$	Tell contact when reached		
\$	Contact Person		

Client Responsibility:

I/we confirm I/we are aware of all terms and conditions associated with operating a function here at Wagga City Golf Club and enclose our deposit to confirm our booking.

.....

Client Signature

...../...../.....

Date

Please return this agreement by EMAIL to scott@waggagolf.com.au or

POST to:

Wagga City Golf Club
PO Box 461
Wagga NSW 2650

Action Taken Administration

- Function Kit sent out, date:
- Received Function Kit
- Toured Facilities, date:
- Follow up phone call, date:
- Another appointment, date: , time:
- Confirmation received
- Deposit taken \$

