

Ormond Hall Function Request Form



Please fax to 9529 1455

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	
First name:		
Surname:		
Company Name:		
Position:		
Email Address:		
Mailing Address	Street:	
	Suburb:	
	State:	
	Postcode:	
Phone:	() _____	
Fax:	() _____	
Mobile :	_____	
Description of Function: (please tick)	<input type="checkbox"/> Corporate Event <input type="checkbox"/> Party or Celebration <input type="checkbox"/> Wedding Reception <input type="checkbox"/> Music / Entertainment Event	
Desired Date of Function:	__ / __ / __ (DD/MM/YYYY)	
Number of People:	_____	
Estimated Times:	Start _____ End _____	
Menu Choices: (please tick)	<input type="checkbox"/> Cocktail Party <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> 3 Course Dinner <input type="checkbox"/> Buffet <input type="checkbox"/> Conference	
Audio / Visual Entertainment:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Special Requirements:		
Other Requests:		