

Client Booking Form



Contact Details

Company Name (if applicable) _____

Address _____

_____ Post code _____

Phone number _____ Fax _____

Email _____

Function Details

Contact Person _____

Requested date _____ Time _____ Number of people _____

Special dietary requirements? Yes No Please List: _____

Do you require transfers? Yes No

Preferred Package

Social Silver Gold Platinum

Preferred format

Social Corporate Cup Easy Breezy
(Competitive)

Extras

Do you require entertainment? Yes No

Live band Comedian DJ Guest speaker Master of ceremonies

I _____ from _____ have read, understood and agree to the booking terms and conditions as outlined by Tested Pty Ltd.

Signed _____

Date _____