

Welcome to Bellville golf Club. We strive to provide you with a complete service, ensuring your day is a great success. In order for us to fully understand your requirments, we kindly request that you complete the following agreement and provide us with as much information possible. Sign and email a copy to renick@bellvillegolf.co.za.

GENERAL CONTACT INFORMATION							
Group Name							
Contact Person				Contact Num	ber		
Email Address							
Person Responsible for	Payment			Contact Num	ıber		
EVENT DETAILS							
Event Name							
Golf Day		Corporate			Other		
Event Date		Start Time			End Time		
Number of attendees							
VENUE DETAILS							
	Room Required			Technical Set-up			
	Room 1				Whiteboard		
	Room 2				Flip Chart		
	Room 3				Projector		
	Rooms 1-3 p				Screen		
	Dancing	YES	NO		PA System		
SET-UP STYLE							
	Dinning	8 Seater Rour	nd Tables				
	Corporate				Registration		
	U-Shape				Table		
	Theatre						
	Classroom						
	Boardroom Other - Pleas	e specify					

## **CATERING DETAILS**

Tea and Coffee on .	Arrival	
Menu Selection		
Number of Attende	es	Serve Time
MORNING TEA		
Menu Selection		
Number of Attende	es	Serve Time
LUNCH		
Menu Selection		
Number of Attende	es	Serve Time
AFTERNOON TEA		
Menu Selection		
Number of Attende	es	Serve Time
LUNCH / DINNER		
Pre Function Drinks		
Menu Selection		
Number of Attende	es	Serve Time
LUNCH / DINNER	MENU SELECTION	
Number of Attende	es	
Entrée		Serve Time
Main		Serve Time
Dessert		Serve Time
OR		
Buffet		Serve Time
SPECIAL DIETARY	REQUIREMENT	
BAR	Cash	Tab Value