



## BOOKING FORM

Please read all the terms and conditions before completing this form.  
BLOCK CAPITALS PLEASE.

### Customer Details: -

Contact Name: - \_\_\_\_\_

Company Name: - (If Applicable) \_\_\_\_\_

Address: - \_\_\_\_\_

Town: - \_\_\_\_\_

County: - \_\_\_\_\_ Post Code: - \_\_\_\_\_

Telephone No: - \_\_\_\_\_ Fax No: - \_\_\_\_\_

E-mail Address: - \_\_\_\_\_

### Function Details: -

Date of Function: - \_\_\_\_\_ Type of Function: - \_\_\_\_\_

Location of Function: - \_\_\_\_\_

Approximate Numbers Attending: - \_\_\_\_\_

Arrival Time For The Guests: - \_\_\_\_\_

Approximate Service Time For Meal :- \_\_\_\_\_

### Menu Requirements: -

Please State  
Your Chosen Menu: -

Special dietary or  
Vegetarian requirements: -

## Miscellaneous Requirements: -

Please state if you require any of the following: -

Licensed Bar	<input type="checkbox"/> required	<input type="checkbox"/> Not Required
Account / Free Bar	<input type="checkbox"/> required	<input type="checkbox"/> Not Required
Wines to Supplied By Roff's	<input type="checkbox"/> required	<input type="checkbox"/> Not Required
Corkage on your own wines	<input type="checkbox"/> required	<input type="checkbox"/> Not Required
Table Decorations	<input type="checkbox"/> required	<input type="checkbox"/> Not Required
Cake Stand	<input type="checkbox"/> required	<input type="checkbox"/> Not Required
Wedding/Celebration Cake	<input type="checkbox"/> required	<input type="checkbox"/> Not Required
Master of Ceremonies	<input type="checkbox"/> required	<input type="checkbox"/> Not Required

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## For Weddings Only

Names of Bride and Groom \_\_\_\_\_

Time of your wedding: - \_\_\_\_\_

Venue for your Service: - \_\_\_\_\_

Do you intend to have any additional guests for the evening  Yes  No

If yes, how many additional people are expected: - \_\_\_\_\_

Would you require us to provide any additional catering  Yes  No

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## Deposit

Deposit Enclosed: - Minimum of £250 £ \_\_\_\_\_

Cheques made payable to Roff Caterers Ltd.

Thank you for completing your booking form, please return it to us at our offices.  
UNIT D2 ,LAMDIN ROAD , BURYST. EDMUNDS, IP32 6NU

*I/we agree to the terms and conditions of Roff Caterers Ltd.*

Signature: - \_\_\_\_\_ Printed: - Dated: - \_\_\_\_ / \_\_\_\_ / 200\_\_

1<sup>st</sup> May 2008