

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: - _____ Proposed Arrival Time for Organisers
am/pm

Arrival Time For The Guests: - am/pm Approximate Service Time For Meal: - am/pm

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	required	Not Required
Account / Free Bar	required	Not Required
Wines to Supplied By Roff's	required	Not Required
Corkage on your own wines	required	Not Required
Table Decorations	required	Not Required
Cake Stand	required	Not Required
Wedding/Celebration Cake	required	Not Required
Master of Ceremonies	required	Not Required

For Weddings ONLY

Time of your wedding: - _____ am/pm 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

Deposit

Deposit Enclosed: - Minimum of £500 £ _____ 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: - ____ / ____ / ____