

# 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	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

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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 £100    £ \_\_\_\_\_  
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\_\_

February 2005