

FUNCTION INQUIRY FORM

YOUR NAME	
PHONE NUMBER	EMAIL
EVENT - EG BIRTHDAY, WAKE, WEDDING, CORPORATE:	
NUMBER OF GUESTS	DATE
START TIME	END TIME
WHY ARE YOU HAVING THIS EVENT	
SEATED MEAL, COCKTAIL EVENT, PRESENTATION	
HOW MANY HOURS	
EVENT NAME	
WHAT OTHER SERVCES DO WE NEED TO CONSIDER	
1. THEMING AND DECORATIONS 2. AUDIO VISUAL / PRESENTATION 3. CAKE	
PLEASE LET US KNMOW ANYTHING ELSE WE NEED TO CONSIDER FOR YOUR EVENT:	