



PRIVATE FUNCTION / EVENT FORM

Date of function: 13 June 2022 Start time 8am Approx finish 4pm

First Name: Last Name X:.....

Company (if applicable):.....

Phone Number (+ area code): X.....Mobile 027 432 9319

Email Address: subwaymatamaga@gmail.com

Type of function: birthday

of guests: X

BAR

Bar tab – X YES / NO

Limit: \$ X.....

Details of drinks available on bar tab (we would advise restricting this to beer, cider, wine and soft drinks. X

CATERING

Meal Served at (time) X.....

Type of Menu? \$30 roast / \$35 roast / \$38 roast / \$15 finger food X

Other (if any) X

Special Dietary Requirements: X

Any additional catering/food requests? X

****FINAL NUMBERS MUST BE CONFIRMED AT LEAST 4 DAYS PRIOR TO EVENT**

ENTERTAINMENT

Music arrangement? X.....

Use of Audio Visual systems? X.....

FINANCES

****DEPOSIT: Non-members are required to pay a deposit of 10%**

**** All bar & catering accounts must be settled in full at the conclusion of your function.**

PAYMENT DETAILS: Credit Card / Direct Credit / Eftpos / Cash

CREDIT / CARD NUMBER.....

EXPIRY DATE..... VISA / MASTERCARD CSC.....

NAME ON CARD.....

AUTHORISED SIGNATURE.....

I agree for the above information to be used to guarantee my booking. I accept the terms and conditions. I understand that cancellation within 24 hours will incur a charge of 75% of the total charge or within 48 hours a 50% charge; or a week or more prior – no charge.

Name: X

Signature : X

Matamata Memorial R.S.A. (Inc)

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