

Booking Form

Full Name: _____

Booking Date: _____ Number of Guests: _____

Requested Area: _____

Start Time: _____ Finish Time: _____

Contact No. _____

Email : _____

Luncheon Package Executive Package Childs Package

Food Allergies or Requirements: _____

A 25% deposit is required to confirm your booking. You can make this payment through a direct bank deposit or by credit card. Kindly inform our team once you have completed the deposit.

Name on Card: _____

Card No: _____

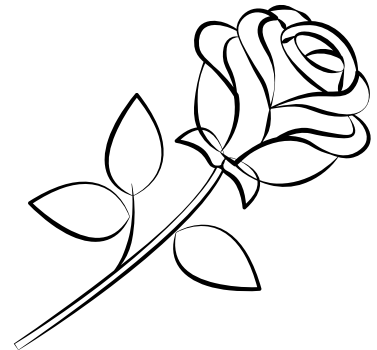
Expiry: ____ / ____ CCV: _____

Name of Account: Cafe Cherie

Branch: Commonwealth

BSB: 066 - 516

Account No: 1088 4375



By signing and agreeing to the terms and conditions stated the signee acknowledges that they have thoroughly read and understood the terms and conditions, and agree to abide by them in their entirety.

Date: _____ Signature: _____