

Hornsby Function Centre

Date: _____ Company: _____

Mr Mrs Miss Ms Name: _____

Address: _____

Postcode: _____ Membership: _____

Chief Executive Officer
Hornsby RSL Club Limited
4 High Street, Hornsby NSW 2077
PH: (02) 9485 3222 MOB: 0417 896 621 FAX: (02) 9476 2637 Email: sgabriel@hornsbyrsl.com.au

Dear Sir,

I am writing to you to request the booking of (**name of room**) _____

For a (**type of function**) _____ on (**date of function**) _____ / ____ / ____

On (**day of function- please circle**) Mon Tue Wed Thur Fri Sat Sun

Commencing at (**time**) _____ am/pm concluding at (**time**) _____ am/pm

Please make the booking in the name of _____

I may be contacted during the day the day on (**phone**) _____ or (**fax**) _____

or (**mobile**) _____ or (**after hours**) _____ or (**email**) _____

It is proposed that _____ persons shall be attending of which, _____ are under 18 yrs of age.

Other requirements for this function are as follows;

Food: _____ **Beverage:** _____

Seating Style: Theatre Classroom U shape Cocktail Banquet

I acknowledge that this booking is not confirmed until written acknowledgement is received from your office.

Yours Faithfully,

(Signed) _____

Credit Card Details: (**name of card holder**) _____

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 Expiry Date:

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FOR OFFICE USE ONLY

ROOM PROPOSED _____ **ROOM HIRE** _____

CATERING _____ **BAR** _____

APPROVED BY _____ **SIGNED BY** _____ **DATE** _____

