

Office Use Only:

Booking Source: online / counter/ other:

1) Everyday Rate, 2) Food/Bev Package:

Deposit Paid: \$______ online/EFT/cash

Date: / /

Balance paid: / /

Venue Booking Form

Thank you for your inquiry. Please complete & return the following so we can ensure your party is a success!

Full Name of Contact :	
Phone :	
Email:	
Booking Occasion (eg Kirsty's Baby Shower) :	
Day and Date of Booking Required :	_ / /
Approx. Guest numbers (Total Guests is 70): Adults:	Children/babies (Maximum 20 - U12yrs):
Type of Booking: Daytime Evening	Day/Evening
Preferred Hours for Guest Time: *Please allow at least 1.5 hours for setup as well as 1 hour to pa	ck up when setting guest time
I am interested in the following :	
☐ Venue only	Styling Assistance - I need staff to help me install
Catering packages	Event management
Self catering/External catering	Styling services - I need Little Ginger's Team
Hospitality Staff: YES / NO	Self styling - list external suppliers :
☐ Kitchen Hand	
☐ Wait Staff - see package inclusions	
Bar staff included in Bar Tab / Alcohol Package	es e
\$550 Non-Refundable Booking Fee to : Little Ginger BSB : C	063179 Account: 10564169 Reference: Your Name
Full Terms & Conditions : www.littleginger.com.au Phone	: 9942 9585 Email : <u>littlegingerbookings@gmail.com</u>
I acknowledge that I have been shown the Terms & Condition	ons, can review at anytime on the website, have read and agreed to terms stated.
Print Name : Signatu	re :Date : / /
HOW DID YOU HEAR ABOUT LITTLE GINGER?	
Little Ginger Website Publication	(please state which one)
Internet Source(please state eg G	Google of FB Group name)
\$300 Bond Applies to all Bookings – Return of Bond – Nomina	te your Bank Account Details or If Paid by Credit Card will be refunded to same
Account Name: BSB: Accoun	nt Number: