

Rockafellas – Theatre of Food



Confirmation of Agreement

Please complete booking form & fax back to 033 342 9521 or email: rockafellas@mweb.co.za

Contact Person	Date of Function	Banking Details (for deposit refund)
Identity No.	Telephone No.	
Invoicing Details	Email Address	Fax No.
Type of Function	Physical Address	
Number of Guests - Adults	Guest Tables	DJ / Band - Background music
Number of Children – Under 12 years	Cake Table	MC
	Gift Table	Photographer
Menu Choice	Arrival Time	Florist
Jugs of Juice	Serving Time	Cash Bar / Tab Limit
Champagne	Podium/PA System	Décor Contact Info
Main Table		
Extras / Special Requests		

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I Hereby accept the Terms & Conditions as stated in the Agreement:

Signature _____ Full Name _____ Date _____

My Signature appended hereto confirms my acceptance of the aforesaid Terms & Conditions. I furthermore confirm that I am indebted to Rockafellas in the amounts as indicated in (clause 1) as well as any such further amounts as agreed with Rockafellas for purposes of the entire Function as stated in, but not limited to the aforesaid Terms & Conditions I further confirm that it was explained to me that I am entitled to have this document translated into a language of my choice at my expense.

