

Rockafellas – Theatre of Food



Confirmation of Agreement

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

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|-------------------------------------|------------------|--------------------------------------|
| 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.