



Ristorante Italiano & Bar

PRIVATE OR CORPORATE  
FUNCTION ENQUIRY

FAX TO: 9972 2418

**Customer Details**

Contact: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Date of birth: / /

**Function Details**

Date of Function: / / No of Guests: \_\_\_\_\_

Occasion: \_\_\_\_\_ Time of Arrival: \_\_\_\_\_

Tapas:  Yes  No Tab Set:  Yes  No \$

Tapas Dishes Selected: \_\_\_\_\_

**Payment Details**

- In order to confirm your booking we require written confirmation and a 20% deposit within 7 days.
- Final numbers must be confirmed 24 hours prior to your booking.
- No shows will be charged in full if notice is not given within the 24 hour period.
- This amount will be deducted from the deposit or charged to this credit card.

\$ \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ x 20% = \$ \_\_\_\_\_

Menu Price                      Number of guests                      Total                      Deposit

Credit Card Details:  VISA  MASTERCARD  DINERS CLUB  AMEX

Cardholder Name: \_\_\_\_\_

Card Number:

Expiry Date: / Security Number: \_\_\_\_\_

Please debit my card the amount of \$ \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

I authorise for Stella Blu to debit my credit card for the amount shown above. I agree to the above conditions.

<b>OFFICE USE ONLY</b> To be completed when function confirmed	
Staff: _____	
Confirmed with kitchen: <input type="radio"/>	Deposit processed: <input type="radio"/>