



UNIVERSITY
HOUSE

EVENT BOOKING FORM

Name of Function: _____

Date of Function: _____ Function Room: _____

Starting Time: _____ Finishing Time: _____

Approximate number attending: _____

Set Up Required: U-Shape ☐ Theatre ☐ Boardroom ☐ Classroom ☐

Cabaret ☐ Cocktail ☐ Banquet ☐ Other ☐ _____

AV Required: _____

GOVERNMENT / COMPANY: ☐ PRIVATE: ☐

Please note: Except for Companies / GOVT departments, all private events require full pre-payment **no later than 24 hours** prior to the date of the event. All on consumption charges are to be settled on the night of the event.

CONTACT DETAILS

Company Name: _____ Contact Name: _____

Contact Email: _____ Contact Phone: _____

Postal Address (For Mailing of Invoice): _____

Booked By (Leave Blank if same as contact): _____

PAYMENT DETAILS

Deposit Required: **\$400.00** (*non-refundable if your event is cancelled*)

Payment Method: EFT (GOVT / OM Approval only) ☐ Cheque / Cash ☐ Credit Card ☐

Purchase Order (GOVT only) ☐

Purchase Order Number _____

Credit Card Number _____ Exp: _____ CCV _____

Name on Card _____

I authorise this credit card to be charged the \$400.00 non-refundable deposit, and the final outstanding amount for my event / conference: (Signature) _____

*Thank you for completing this form and returning it to the Events department.
Please do not hesitate to contact us directly should you have any further queries.
We will be in touch to confirm your event, and catering requirements.*

ADDITIONAL NOTES: