

MTC FUNCTION DETAILS

Day & Date of Function: _____

Primary Venue/s: _____

Time: _____ No of people: Adult: _____ Children (under 12): _____

Type of Function: _____

Contact Name: _____

Company Name: _____

Address: _____

Mobile: _____ Home: _____ Business: _____

Fax: _____ Email: _____

Decorating Company: _____

Entertainment: _____

Cake: _____

Access Time: _____ (please give all businesses involved the same time)

Access Time for setting place cards, decorating etc: _____

PA System: Yes / No Lectern: Yes / No Whiteboard: Yes / No Flip Chart: Yes / No

Bar Open: _____ Bar Close: _____ (no later than Midnight)

Wine on Tables: Yes / No

Red Wine: _____ White Wine: _____ Champagne: _____

Dry Till: Yes / No Limit: \$ _____ Time to start Dry Till: _____

Beverages Included on Dry Till: Beer / Wine / Softdrink / Champagne / Spirits
(cross out irrelevant options)

Bar Outside: Yes / No Open: _____ Close: _____ Wet / Dry Till: _____
(\$100 set up fee)

Amount Invoiced: _____

Invoice Paid: Date: _____ Receipt No: _____

WCC Invoiced: _____ Payment Received: _____