



2018 Reservation and Confirmation Form

Guest Details

Contact name: _____
Postal address: _____
Suburb: _____ State: _____ P/code: _____
Phone: _____ Email: _____
Number of guests: _____
Number of children: 2 - 5 years _____ 6 - 14 years _____
Number of high chairs required: _____
Time of arrival: _____ (doors open at 11am - buffet starts at 12 midday)
Special requests: _____

Deposit

Adults @ \$150.00 pp	x _____	= \$ _____
Seniors @ \$110.00 pp	x _____	= \$ _____
Children (6 -14 yrs) @ \$ 80.00 pp	x _____	= \$ _____
Children (2 - 5 yrs) @ \$ 30.00 pp	x _____	= \$ _____
Children (under 2 yrs)	x _____	payment not required

Total (FULL) payment: = \$ _____

Payment Details

Visa / MasterCard / Amex
Cardholder's name: _____
Card number: _____ Expiry date: ____ / ____
Signature: _____

Phone: (08) 9755 6250
Email: flutes@flutes.com.au
Post: PO Box 326, Cowaramup WA 6284
Address: 4070 Caves Road, Wilyabrup WA 6280

