



BOTANIC GARDENS
RESTAURANT

Group Booking Deposit Form

Name of Booking				
Name of Contact				
Address				
Daytime Number		Mobile		
Email Address				
Date of booking				
Time required			To:	
Function purpose				
Menu	5 Course Group - \$90	5 Course Matching wines - \$60	7 Course Group - \$115	7 Course Matching wines - \$90
Anticipated Numbers	Adults:		Children:	

The deposit of \$ 10.00 per person must accompany this form. The deposit will be deducted from final bill on the day of the booking. Numbers of guests must be confirmed 7 days prior to the event, to which the deposit is then non-refundable.

Please make cheques to be made payable to –

'The Botanic Garden Restaurant' Address: North Terrace, Adelaide 5000.

Credit Card Payment. Type of Card (please circle) M/C / Visa / Amex / Diners

Card Number

Name on Card _____ Expiry Date

Signature of Cardholder _____ CCV

Bookings are considered tentative until receipt of the required deposit and Booking Application Form. Tentative bookings may be re-allocated without notice or liability and shall lapse after 14 days of original reservation.

I acknowledge the terms and conditions outlined in this booking form. I further comply with all respects of such conditions on acceptance of this application.

Signed: _____ Date: _____