

PLEASE RETURN VIA
Fax : 08 9221 3894
Email: enquiries@redpeppercatering.com.au



INVOICE NO: _____

RED·PEPPER·CATERING

BOOKING SHEET

Date of Function _____

Company Name _____

Contact Person _____

Postal Address _____

Post Code _____

Day Time Phone _____ Mobile Number _____

Fax Number _____ Email Address _____

Number of Guests _____

Venue _____

Package _____ Total Value _____

Special Reservation Requests ie; Seating Location, Table Size, ETC

Date Booked _____ Booked By _____

_____ Date _____ Letter for Deposit Sent

_____ Date _____ Deposit Paid _____ Deposit Due _____

_____ Date _____ Payment Made

_____ Date _____ Payment Made

_____ Date _____ Payment Made

_____ Date _____ Balance Paid _____ Balance Due _____

_____ Date _____ Tickets Sent _____ Ticket No:.. _____

_____ Date _____ Tickets Sent _____ Ticket No:.. _____