



HOUT BAY YACHT CLUB FUNCTION BOOKING FORM

Please complete and return to manager@hbyc.co.za

12% gratuity will be added to all functions

Date of Function: _____ Number of Guests: _____

Time of Function: _____ Venue: _____

Contact Person Name: _____ Contact Office No.: _____

Contact Cell Number: _____ Contact email address: _____

HBYC Membership Number: _____ Catering: _____

Menu Option: _____ Setup Style: _____

Menu Selections: _____

Special Requirements: _____

BAR OPTIONS: FULL WINE & MALT SOFT DRINKS NONE PRE-PAID BAR TAB VALUE R _____

Special Requests: _____

Payment Method EFT HBYC CLUB ACCOUNT CASH OTHER

I have read and agree to the terms and conditions contained in the HBYC 2023 functions document. Yes

If not an HBYC member, name of person responsible for account:

If not and HBYC member, ID number of person responsible for account:

Signature **Name & Surname** **Date**

FOR OFFICE USE ONLY

Date Confirmed _____ Dep Invoice # _____ Balance Invoice # _____

POP received and allocated

No. of guests confirmed _____ Layout confirmed _____

Orders Confirmed MEAL BEVERAGE ENTERTAINMENT EQUIPMENT

Special Requests _____