



Mother's Day Lunch 2018

LIGHTHOUSE

Surname: _____ First Name: _____

Address: _____

Phone: H _____ M _____ W _____

Email: _____

How did you hear about this event: _____

LUNCH BUFFET IN RESTAURANT

Preferred Time of Booking (Please Circle): 1200 1230 1300 1330

(no bookings after 1330 as buffet closes at 1400)

Number of adults (13YRS+): _____ @ \$55 each = _____

Number of children (4 -12YRS): _____ @ \$20 each = _____

Total = _____

Special Dietary Requirements: _____

Please charge my: (please circle one)

VISA American Express Diners Card Master Card

Card Number:

Expiry: / CCV:

Card Holder's Name: _____

Card Holder's Signature: _____

PLEASE NOTE

All must be pre paid at time of bookings. No refunds will be issued unless cancelled 14 days prior to the event.

OFFICE USE ONLY

Payment Processed: _____ Added to Spreadsheet: _____ Table No: _____