ESTD 1988

THE GABLES
GUEST HOUSE

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Event Inquiry Form

OFFICE USE: QUOTE NO. _____

QUOTE NEEDED BY _____

CLIENT INFORMATION

CONTACT NAME

COMPANY

BILLING ADDRESS

TELEPHONE

CELL

EMAIL

EVENT INFORMATION

EVENT DATE | TIME START | TIME END | GUESTS (ADULTS) | KIDS

OCCASION / EVENT TYPE | COLOUR | THEME

VENUE ☐ Venue Only ☐ Venue + Catering | CATERING ☐ Self Service ☐ Sit Down

SIT DOWN MENU IDEAS

BUDGET PER EVENT (R)

BUDGET PER PERSON (R)

SPECIAL REQUIREMENTS