OFFICE USE ONLY
Booking Confirmed by:
Booking Reference No.
Date:

BALLINA · BYRON
ISLANDER RESORT
RELAX · DINE · EVENTS

BOOKING FORM

CLIENT DETAILS

Event Name / Company: _____

Contact Name: _____

Mobile: _____ Email: _____

Address: _____

EVENT DETAILS

Type of Event: _____

Event Date: _____

Start time: _____ Finished Time: _____

Access Time (if required): _____

Function Space: _____

Estimated Guests: _____

PACKAGE SELECTION

☐ Lunch Feast	☐ Half Day	☐ Full Day	
☐ Finger Food	☐ Half Day	☐ Full Day	
☐ Standard	☐ Half Day	☐ Full Day	
☐ Room Hire Only	☐ Half Day	☐ Full Day	
☐ Dine in Style	☐ Standard	☐ Premium	
Add-Ons	☐ Morning tea	☐ Afternoon tea	☐ Lunch/Dinner

BERAGE ARRANGEMENT

☐ Drink Package ☐ Standard ☐ Premium ☐ Additional Hours

☐ Bar Tab: $_____

☐ Cash Bar (Guest pay own)

ACCOMMODATION (OPTIONAL)

Number of Rooms Required:

☐ Guests to book individually ☐ Group booking required

By Signing below, I confirm that I have read and accept the Term & Conditions and confirm this booking.

Client Name _____ Date _____

How did you hear about us? ☐ TV ☐ Press ☐ Social media ☐ Friends ☐ Google ☐ Other event here

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