



Members Dining Room Booking Form



India vs. Sri Lanka Tuesday 21st February 2012

Reservations will be accepted from **8.30am on Wednesday 8th February 2012.**
 and **must** be faxed through to the Michael O'Brien Catering Office on (07) 3217 4639,
 or emailed to gabbareception@mobic.com.au

Section A – Contact Details

Member Name: _____ Member Number: _____

Email: _____ Mobile: _____

Section B - Credit Card Authority – Required for booking confirmation only

A compulsory credit card authority is required to confirm booking.

<input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Diners <input type="checkbox"/> Amex
Credit card number: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
Expiry date: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Name on Card: _____
Signature: _____ Date: _____

Section C – Catering Selections

Dinner	Total Number of People:			
Dinner – 4.45pm or 5.15pm Option 1 – Entrée & Main Option 2 – Main & Dessert Option 3 – Entrée, Main & Dessert Kids Meals - for children under 10	OPTION 1 <hr style="width: 80%; margin: 0 auto;"/> @ \$51.50 ea	OPTION 2 <hr style="width: 80%; margin: 0 auto;"/> @ \$51.50 ea	OPTION 3 <hr style="width: 80%; margin: 0 auto;"/> @ \$62.70 ea	KIDS MEALS <hr style="width: 80%; margin: 0 auto;"/> @ \$17.50 ea
Special Dietary Requirements: _____				

Section D – Terms & Conditions

- 1.1 Credit Card details are required as security only. All charges will be consolidated on the day.
- 1.2 All payments made by credit cards will incur a 2.5% surcharge.
- 1.3 Unsettled accounts on the day/night will be charged to credit card details provided on this booking form.
- 1.4 Should a Member not honour their booking and fail to attend, the total of the food component will be charged to their credit card.
- 1.5 Cancellations will be accepted up to 3 days prior and a refund will be given.
- 1.6 On public holidays, a 10% surcharge will apply to the total cost of food & beverage.
- 1.7 The completed Members Dining Room Booking Form must be completed and faxed, or emailed back to the Michael O'Brien Catering Office on Fax: **07 3217 4639** or post to **PO Box 8059, Woolloongabba Qld 4102** within 48 hours of your phone reservation.
- 1.8 I understand that by signing this booking form I confirm that I have read and understood the Terms and Conditions contained in this booking form and will abide by them.

Members Signature: _____ **Date:** _____

Please Fax Your Completed Booking Form to 07 3217 4639 or e-mail to gabbareception@mobic.com.au



Members Dining Room

Dinner Menu Selection

Entrée

Roasted vine ripened tomato, goats cheese tart w caramelised onion

Main Course

Baked loin of lamb, French green beans, sweet potato mash w red wine jus

Or

Seared Atlantic salmon w a summer salad of new potatoes, salted capers & grape tomatoes

Dessert

Individual summer meringue w vanilla cream & berry compote

Or

A fine selection of Australian cheeses w quince paste & wafer biscuits

Coffee and selected teas

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