



# Fleurs Restaurant

301 RIVER STREET BALLINA NSW 2478  
 PH: 02 6686 2922 FAX: 02 6686 4012  
 Email: reservations@ballinacomfortinn.com

Enquiry Date.....  
 Source.....  
 Confirmed on.....  
 By.....  
 Deposit Received: .....

**DATE of FUNCTION:** ..... **Type of Function**.....

**Arrival Time** ..... **Departure Time**.....

**GROUP NAME:** .....

**ADDRESS:** .....

**ACCOUNT DETAILS:** .....

**CONTACT PERSON:** ..... **TELEPHONE:** .....

**EMAIL:** ..... **FAX:** .....

**A deposit of \$200.00 – is required to secure the venue.** The deposit must be received within 7 days on confirmation of the booking. **Cancellations or amendments may incur a \$200.00 fee.**

**Numbers & Times required**

Tea/Coffee.....Time.....M/Tea.....Time.....Lunch.....Time.....

Aft/Tea .....Time..... Dinner .....Time..... Snacks..... Time.....

**Number guests/delegates**.....**Number requiring accommodation**.....

**ACCOMMODATION Yes / No**

Single Room: .....  Double/Twin Room: ..... (\$110.00 per room per night)

**HIRE & FUNCTION ROOM SET-UP:** **Tamar Room or River Room \$200.00 per day**  
**Combined River & Tamar Rooms \$250.00 per day**

(Includes set up and hire of all standard conference equipment & linen)

- |   |  |
|---|--|
| <input type="checkbox"/> White board & marker pens  | <input type="checkbox"/> Screen                        |
| <input type="checkbox"/> Flipchart                  | <input type="checkbox"/> Lectern                       |
| <input type="checkbox"/> Television                 | <input type="checkbox"/> Video Machine                 |
| <input type="checkbox"/> Speaker Phone              | <input type="checkbox"/> Telephone/Internet connection |
| <input type="checkbox"/> Thumb tacks                | <input type="checkbox"/> Microphone                    |
| <input type="checkbox"/> Extension Cord/Power Board | <input type="checkbox"/> Overhead projector            |
| <input type="checkbox"/> Data projector @ \$80.00   | <input type="checkbox"/> Wireless Broadband            |

**ROOM LAYOUT:** Theatre  Classroom  U-shape  Boardroom

Tamar Room capacity: 60 24 22 26  
 River & Tamar Room: 90 40 32 42

Arrival Table  Information Table  Facilitator Table

Please state any other requirements eg. Special dietary requirements.....

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Please reserve for us the function room (as discussed) with the specified equipment for the date above. I will confirm numbers 14 days prior to arrival and for catering purposes I will re-confirm 2 days prior. I realise that this is the number I will be charged for. I understand that this form outlines our basic requirements and that full details will be finalised with the reception staff upon receiving this confirmation and the required deposit within 7 days.

Signed \_\_\_\_\_ Date \_\_\_\_\_

