

## WESTERN PROVINCE MOTOR CLUB

Tel: 021 5571639 Fax: 021 5576904 Email: <u>info@wpmc.co.za</u> Website: www.wpmc.co.za

VAT Reg. No. 4430103772

P.O. Box 220, Table View, 7439 6 Potsdam Road, Killarney Gardens Cape Town

Date of application.					J						
CUSTOMER DETAILS											
Name:						Corporation:					
Address:											
Email:						Contact No:					
BOOKING DETAILS: HOSF	PITA	LITY BOOKING INFO									
	Begin: / / End: / /			Required time:	From: H						
Required date(s):					Until	: Н					
Company VAT No.				P/O No.							
Required facilities:		Conference Room Upstairs		New Pits Lounge		Karting Café		Other:			
		Conference Hall Downstairs		Balcony U/stairs		Kiddies Korner/ Braai D/stairs					
Number people at the event:				Event Type:							
	ina: In	lease see Hospitality Terms and Conditi	ons f								
WPMC Catering	mig. (p	Bar staff: R50.00 ph each	0113 1	WPMC Catering		Own Catering		Outside Caters			
If Inhouse catering - to be serve	d at (tii	me)		н							
Other services required:		,				ı					
Diagon of		def december.									
Please give a brief description of what you will be doing at the venue:											
QUOTATION BASED ON ABO	VE R	EQUEST (FOR OFFICE USE ONLY)	1								
Venue Hire Fee:	R *			* Please note that a 50% deposit is required to confirm your booking.							
Refundable Breakage Dep				Bookings will only be accepted once the deposit has been paid and proof							
Catering:				of payment has been sent to the office. Refer to the Hospitality Terms							
Bar Staff x xHrs	· ·			and Conditions for more information.							
Corkage x	@R27	@R27 =									
Other	R			Banking Details:	Wes	tern Province Moto	r club	)			
Other	R			Nedbank (Southern Peninsula)							
Total Costs:	R	VAT Incl.			Acc	ount No. 1232041	807				
	II	have read and acknowledged the Terms and Conditions for the		•				Yes / No			
FOR OUR OWN ADMINISTRA	TION										
Booking confirmed:						Date:					
Deposit received:						Amount:					
The information will –  I. Not be used in a fo II. Not be used for his	a specif rm in w torical, ny manr	ic, explicitly defined and lawful purpose relat hich the data subject may be identified; or statistical or research purposes. ner distributed to a third party for use in maili	ng lis								
Circums di est											
Signed at :		on the :		20 Sign	ature :						



Date of event:

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In order for us to fully understand your event and requirements, could you please complete the below sheet in as much detail as possible?

Set up Start Time:	h	Ev	ent Start Time:	h										
No of People:		Cat	ering Delivery Time:	h										
No of Crew:														
Required facilities:	Conference Hall Ups	stairs	New Pits Lounge	Karting	Other:									
	Conference Hall Dov	wnstairs	Balcony U/stairs	Kiddies Kor	rner/ Braai D/stairs									
Number people at the event:			Event Type:											
Please provide detai	iled description of e	event noting tim	nelines require	ments and any ne	rtinent informatio	n to								
r rease provide detail	Please provide detailed description of event, noting timelines, requirements and any pertinent information to ensure that we can best service your event.													
			•											
Signature:		_		Date:										
			•	•										