

FONDÉ EN 2004

PASTIS

FUNCTION BOOKING FORM

Guest Name:

.....

Pastis Contact Person and Number(s):

.....
THE MANAGER LOOKING AFTER YOUR FUNCTION MUST BE NAMED IN ORDER TO ENSURE A SUCCESSFUL FUNCTION. PLEASE ENSURE THAT THIS LINE ABOVE IS COMPLETED AND THAT YOU KNOW WHO IS LOOKING AFTER YOUR FUNCTION.

Email Address:..... Number of Guests:

Date of Function:.....Type of Function:

Arrival Time:.....Estimated Departure Time:.....

Area: Diner / Upper Patio / Bar Patio / Bar (not available Friday nights)

Menu: Menu Option – to be agreed

Terms and Conditions

A deposit equal to 50% of the food price is required to secure your booking, a further 50% deposit is require 7 days before the function

Final numbers to be confirmed at least 7 days prior to the function

Please pay deposit to:

Pastis Restaurant
ABSA Bank
Claremont Branch 632005
Account number 4063315523

Please send confirmation of payment to info@pastisbrasserie.co.za

Cancellation fee: The deposit is refundable if cancellation occurs at least 7 (seven) days before the date of the function. An amount equal to the full deposit of 50% is due if cancellation occurs within 7 (seven) days of the function date.

A venue hire fee may be charged for exclusive use of an area of the

Registration number 2006/146979/23 VAT no. 4080222898
Shop 12, High Constantia Centre, Constantia Main Road, Constantia, 7800
Telephone: 021 794 8334 Fax: 0865870082



restaurant or bar

Any function that exceeds 5 hours or continues after 24h00, will be charged at an additional R 700 per hour.

Service fee of 12%.

Pastis cannot be held liable for any injury to persons, damage to or loss of personal goods.

The management reserves the right to charge for pilferage from or damage to the premises. Such costs to be settled upon presentation of the final account.

Décor can be brought into the venue 2 hours before the starting time of function.

The restaurant is a non-smoking area, the bar and patio are smoking areas.

I acknowledge receipt of your terms and conditions

NAME:**SIGNATURE:**.....**DATE:**.....

FINAL ACCOUNT – PRESENTED AFTER FUNCTION

Food	
Beverage	
Service Fee @ 12%	
Sundry Expenses	
Total	
Less Deposit / Amount	
Date of payment	Method of payment.....
Amount Outstanding	