**MBYC INFORMATION VENUE SHEET**

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| DATE RECEIVED:  |
| TYPE OF FUNCTION:  |
| NAME OF CLIENT:  |
|   |
| NAME OF CONTACT PERSON:  |
| TELEPHONE:  |
| EMAIL:  |
| TYPE OF CLIENT: MBYC Corporate Non-Member . |
| DATE OF FUNCTION:  |
| DAY OF FUNCTION:  |
| TIME OF FUNCTION:  |
|   |
| AMOUNT OF GUESTS:  |
|  |
| SPECIAL REQUIREMENTS:  |
|  |
| AREA REQUIRED:  |
|  |
| ELECTRICITY REQUIREMENTS:  |
| WEDDING CEREMONY @ VENUE YES NO . MARRIAGE OFFICER YES NO .DECORATOR REQUIRED:: YES NO .D.J. REQUIRED YES NO .PHOTOGRAPHER: YES NO .BUFFET STYLE - YES NO PLATED - YES NO . Special meals eg. vegan |

REFERAL:

NOTES:

For MBYC Use Only