**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