



# Tasting Night - Booking Form

Please complete this form and fax to us on 02 9986 1531

**Personal Details:**

Full name: Mr / Mrs / Ms / Miss: (please circle) .....

Daytime telephone: ..... Email: .....

Event date: .....

**EVENT (please tick and complete):**

- Menu Tasting** (7pm Saturday, 14 January 2012) Qnty: \_\_\_\_\_ x \$73.00 = \$ \_\_\_\_\_
- Menu Tasting** (7pm Saturday, 31 March 2012) Qnty: \_\_\_\_\_ x \$73.00 = \$ \_\_\_\_\_
- Menu Tasting** (7pm Saturday, 26 May 2012) Qnty: \_\_\_\_\_ x \$73.00 = \$ \_\_\_\_\_
- Menu Tasting** (7pm Saturday, 4 August 2012) Qnty: \_\_\_\_\_ x \$73.00 = \$ \_\_\_\_\_
- Menu Tasting** (7pm Saturday, 27 October 2012) Qnty: \_\_\_\_\_ x \$73.00 = \$ \_\_\_\_\_
- Menu Tasting** (7pm Saturday, 15 December 2012) Qnty: \_\_\_\_\_ x \$73.00 = \$ \_\_\_\_\_

SUB TOTAL = \$ \_\_\_\_\_

Plus 1.75% credit card surcharge = \$ \_\_\_\_\_

TOTAL inc. G.S.T = \$ \_\_\_\_\_

**Any special requirements:**

(e.g. dietary, high chair, wheelchair access) \_\_\_\_\_

**Dress code:** Smart Casual (please no jeans or sneakers, dress as if attending a wedding)

**CREDIT CARD PAYMENT:**

Card Type: (please tick)  Visa  Mastercard

Credit Card No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Name (as shown on card): \_\_\_\_\_

Expiry Date (mm/yy): \_\_\_\_ / \_\_\_\_ Cardholder's Signature: \_\_\_\_\_

Total Payment: AUD\$ \_\_\_\_\_ Date: \_\_\_\_\_

**CHEQUE PAYMENT:** Please make cheque payable to MIRAMARE GARDENS and mail to:

MIRAMARE GARDENS  
PO BOX 465  
Dee Why NSW 2099