Enquiry date …….
Consultant …..……..……
Comments ……. *Pax*…….
……
……

CLIENT INFORMATION: RESTAURANT

Possible Date: ……20…….. RESTAURANT.

Select a time slot	10h00 – 12h30	13h00 – 16h00	16h30 – 22h00	
Select a type	Birthday Party	Baby Shower	Year End function	***Other:***
Select a seating area	Bottom Deck	Middle Deck	Top Deck	Inside Deck

Day of the week: ……

WHERE DID YOU HEAR ABOUT MAKITI? ……

Client/ organizer/contact person:

Name and surname: _____

ID number: _____

Contact numbers: (w): _____

(h): _____

Cell: _____

Email Address:

Details: Person responsible for payments:

Name person or company: _____

Contact person Name (if company): _____ Contact numbers: (w): _____

ID number: _____ (h): _____

If the persons cannot be contacted, additional contact person: Name: …….....

Contact number: ……Email: ……...

Office Use

A la Carte Minimum fee: ……
Other Payments received: ……
……
……

Sales Check List	
Client Info in File	
Minimum fee Paid	
Signed Contract Received	
Calendar Updated	
Payment on List	
Payment on Sales List	
Confirmation Letter Sent	