

Enquiry date

Consultant

Comments Total Pax (incl Adults)

..... Total Children:

.....



CLIENT INFORMATION: RESTAURANT

Possible Date:20..... **RESTAURANT.**

Select a time slot	10h00 – 13h00	13h30 – 16h30		
Select a theme	Hot Pink	Purple	Royal Blue	Apple Green
Select 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

Kids minimum fee:

Other Payments received:

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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	