



# Denisburg Restaurant

## Function Form:

Name of Client/ Department:			
Contact Person:			
Telephone Number:			
Fax Number:			
E-Mail:			
Entity:		Account:	
Date of Function:			
Time of Function:			
Number of Guests:			
Type of Function:			
Venue:			
Quotation Needed:	YES	NO	

### FOOD & DRINK REQUIREMENTS:

FOOD:	TIME:	TICK:	DRINKS:	AMOUNT:
Breakfast 2 Course:			Mineral Water:	
Breakfast Buffet:			Tisers 275ml:	
Tea Time Options:			Tea/Coffee:	
Croissants			Liquifruit 330ml	
Scones			Soft Drink 340ml:	
Muffins			Wine ( Wine list):	
Light Finger Snacks			Beers/Ciders:	
Sandwiches				
Lunch Options:				
Lunch 2 Course:				
Lunch 3 Course:				
Buffet Lunch:				
Light Meal (Take Away):				
Fingerfood/Snacks:				
Dinner Options:				
Dinner 2 Course:				
Dinner 3 Course:				
Buffet Dinner:				
Cocktail				
Dietary Preferences:	Number of Guests:	Type of Allergies:		
Allergies:		1)	5)	
Halaal:		2)	6)	
Vegetarian (eats eggs & cheese):		3)	7)	
Vegan (no animal products):		4)	8)	



## Denisburg Restaurant

### Venue Requirements:

Denisburg:		Other TUT Premises or Outside Function:	
Sit-down:		Crockery:	
Cocktail:		Serviettes:	
Meeting/ Presentation:		Flower Arrangements:	
Flower Arrangements:			
Microphone:			
<b>All Logistical requirements, please book at Logistics. (Tables, Chairs, White screen, Data Projector, Laptop, Flipchart)</b>			
<b>Extra Venue Requirements:</b>			
<b>Service Requirements:</b>			
Denisburg: FULL SERVICE INCLUDED			
Outside Function:	DELIVERY ONLY		FULL SERVICE
<b>Program to be Followed:</b>			
Yes		No	
(If yes, please attach program)			
<b>Extra Requirements:</b>			