



EVENT HIRE EXPRESSION OF INTEREST

Booking Code			
Date of function			
Type of function			
Client name		ABN if applicable	
Postal address			
Contact name if different from above			
Telephone (H/ W)		Mobile	
Email			
Duration of event	Start Time		End Time
Number of guests attending			
Please advise us where you heard about the Boyd Baker House			
Additional information			
BBH APPROVAL			

OFFICE USE ONLY		\$	Date	NOTES
Booking confirmed	Y/ N			
FEES PAYABLE TO BBH				
SUBTOTAL				

Deposit received	Y/ N			
Balance received	Y/ N			
SUBTOTAL				

Return by:

Post: Boyd Baker House, 1/883 High Street, Armadale, 3143

Fax: 03 9500 0177