



KIRRIBILLI CLUB

11 Harbourview Crescent Lavender Bay
PO Box 565 Milsons Point 1565
Ph: 02 9955 2245 Email: functions@kirribillclub.com.au

We support the Responsible Service of Alcohol (RSA)
and the Responsible Conduct of Gaming (RCG)

FUNCTION ENQUIRY FORM

* DENOTES MANDATORY FIELD

*DATE OF ENQUIRY: _____
*CONTACT NAME: _____
COMPANY: _____
ADDRESS: _____
*PHONE: (M) _____ (D) _____
*E-MAIL: _____
HOW DID YOU HEAR ABOUT KIRRIBILLI CLUB? _____

*DATE OF FUNCTION: _____
*FUNCTION DAY & TIME: MON / TUE / WED / THUR / FRI / SAT / SUN _____ AM / PM
*TYPE OF FUNCTION: _____
*NO OF PEOPLE (APPROX.): _____
ROOM REQUIRED: COVE/BAY/KIRRIBILLI/LAVENDER/HARBOURVIEW/PREMIER/BALLROOM/UNSURE
ROOM SET UP: COCKTAIL / THEATRE / CLASSROOM / CABARET / BANQUET / BOARDROOM / OTHER
NOTES: _____

Thank you for your time in completing this form. Please return to the Club via the following methods and a Functions team member will contact you as soon as possible.

HAND IT TO RECEPTION WHEN YOU VISIT THE CLUB
EMAIL BACK TO THE CLUB – functions@kirribillclub.com.au
FAX BACK TO THE CLUB – 02 9955 3755

FUNCTION DEPARTMENT USE ONLY:

Client Contacted: _____ (date) _____ email / telephone
Site Inspection Arranged: _____ (date) _____ (with) _____ (duration)
Follow Up Date entered onto Groupwise Calendar: _____ (date)
Enquiry Converted to Function Software: _____ (date)
No conversion – please give reason: _____