



Hudson's
a magical venue...

+27 (0)21 881 3590
hudsons@vredenheim.co.za
Vredenheim Wine Estate,
R310 Baden Powell Drive, Stellenbosch
www.visithudsons.co.za
VAT No. 405 025 2891

BOOKING FORM

Full Name of person responsible for booking:

If Wedding, Names of Bride & Groom:

| Contact Person 1 | | Contact Person 2 | |
|------------------|--|------------------|--|
| Name | | Name | |
| Designation | | Designation | |
| Work Tel | | Work Tel | |
| Cell Phone | | Cell Phone | |
| Email Address | | Email Address | |

Physical Address in SA (*Domicilium citandi et executandi*):

| | |
|--|--|
| Day & Date of Event: | Type of Event: |
| Time of Event: <input type="checkbox"/> BREAKFAST 09H00 – 15H00 <input type="checkbox"/> LUNCH 09H00 – 15H00 <input type="checkbox"/> AFTERNOON/EVENING 16H00 – 24H00 (7 HRS) | If Wedding, will the ceremony also be held at Hudson's? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT A WEDDING |

| | |
|--|--|
| Approximate Number of Guests: <i>Please check if a minimum guest count applies to your date</i> | How did you first hear about Hudson's? |
|--|--|

| | |
|--|-----------------------|
| Venue: <input type="checkbox"/> Hall Venue (suitable for 50 guests to 120 guests) <input type="checkbox"/> Loft Venue (suitable for 100 to 300 guests) | Total Venue Fee: R |
|--|-----------------------|

| Amount Paid | Date Payment | Method | Signed by Staff Member |
|-------------|--------------|--------|------------------------|
| | | | |
| | | | |

I have read, understand and accept all of the conditions as set out in the information provided.

FULL NAME: _____ ID NUMBER: _____

SIGNATURE: _____ DATE _____

PLEASE SEND PROOF OF PAYMENT OF THE DEPOSIT & SIGNED CONTRACT WITH THIS FORM

OFFICE USE ONLY:
 Date Blocked Confirmation Email Email address/es captured Payment Date/s Recorded Booking Captured