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 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?
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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
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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 Invoiced