

RESERVATION FORM

Please fax this back to Shalwyn V&C 0865501785

DATE OF WEDDING

DEPOSITS (for Shalwyn's reference only)

	50%	R1000 refundable

1. Contact information:

Bride (Full Name & Surname):	
Cell Number:	
Work No:	
Email address:	

Groom (Full Name & Surname):	
Cell Number:	
Work No:	
Email address	

If based overseas please supply information for the person making arrangements on your behalf:

Contact (Full Name & Surname):	
Cell Number:	
Work No:	
Email address:	
Relationship:	

Master Account Holder: (This is the person accountable for the bill)

Contact (Full Name and Surname):	
Cell Number:	
email:	
Physical address:	
ID Number:	

Bar Account Holder: (This person is accountable for the bar bill)

Contact (Full Name and Surname):	
Cell Number:	
email:	
Physical address:	
ID Number:	

I have read and accept the Terms & Conditions of Shalwyn V&C.

BRIDE _____

Signed _____

GROOM _____

Signed _____

MASTER ACCOUNT _____

Signed _____

DATE _____

PLACE _____

2. Wedding Details:

CEREMONY				
Approximate Time:				
Number Ceremony guests:				
Ceremony Venue (weather permitting) Please tick	Chapel	Garden	Deck	Other
Ceremony music:				
Parking reservations:				
Post Ceremony/during photos requests:				

RECEPTION	
Approximate Time:	
Number Reception guests:	
Number of Tables:	
Main Table details:	
Flower Person & contact:	
Décor Person & Contact:	
Cake Person & Contact:	
Chairs -supplier	
Other requests:	

BAR	
Full Tab/Partial/Cash Bar	
Beers Required	
Wines Required	
Spirits Required	
Number Bar staff:	
Arrivals Drink Required:	
Picnic Basket:	
Special Drink Requirements	
Closing Time:	

SERVICE PROVIDERS	
DJ	
Photographer	
Videographer	
MC	
Other:	

ACCOMMODATION	
Number of rooms required:	
Chinook Option::	

Any other requests: _____

