

FUNCTIONS AGREEMENT

The function of: _____

Company Name or Personal Name

Will have exclusivity of: _____

Venue Name

On the: _____

Date of Function

By signing this form, I hereby agree to the Terms and Conditions set out by Avenue Group Sydney.

I _____ of _____

Print Name

Signature: _____ Date: _____

Confirmed venue:

Function start and finish time:

_____ to _____

Bump in / Bump out time (if applicable):

_____ / _____

Function Manager:

Minimum Investment: \$ _____

All payments required can be made by cash, credit card including Visa, MasterCard, Bankcard and EFTPOS, Amex (surcharge applies), Company Cheque or directly deposit.

BANK ACCOUNT

BSB: 032 250

Account Number: 40 98 17

Avenue Group Sydney

N.B: Please reference company name or personal name, with function reference number on bank transfers.

FUNCTION REFERENCE NUMBER:

CARD PAYMENT

Name on Card: _____

Number: _____

Expiry: _____

CCV: _____

Deposit Amount: _____

Balance Amount: _____

Balance Due: _____