

FUNCTION REQUEST FORM

First Name: _____

Surname: _____

Company Name: _____

Contact Number: _____

Contact Email: _____

Function Name / Event: _____

Number of People Attending Function (approximate): _____

Function Date: _____ Function Time: _____

Please select preferred Venue:

Avenue on George Avenue on Chifley Avenue on Sussex Alleyway

Requires exclusive use of venue: Yes No

Venue layout proposed (seated / standing): _____

Proposed Package plan: _____

Please return to relevant venue or info@avenuegroup.com.au