

Corporate Hospitality Facility Booking Form (Page 1)



Contact Details

Client Name: _____
Individual or full legal name of company or other entity.

ABN: _____
Must be completed for company bookings.

Contact Name: _____
Mandatory for bookings in company name

Street Address: _____ Suburb: _____

State: _____ Country: _____ Postcode: _____

Postal Address: _____ Suburb: _____

State: _____ Country: _____ Postcode: _____

Telephone: () _____ Facsimile: () _____

Mobile: _____

Email Address: _____

SPECIAL STAGE HOSPITALITY - CLUB 88	# Of Tickets			Price (AUD)	TOTAL
Friday 4 Sept – Castrol Edge East					
Saturday 5 Sept – CTEK West					
Sunday 6 Sept - CTEK West					
Sunday 6 Sept – Option 2 CTEK West Plus Speed On Tweed					
Balance Due					\$

SUPER SPECIAL STAGE HOSPITALITY	# Of Tickets Thursday	# Of Tickets Friday	# Of Tickets Saturday	Price (AUD)	TOTAL
Syndicated Clubs					
Heart Of The Tweed Club					
Rally Australia Club					
Private VIP Suites (Must be booked for a minimum of 2 nights)					
Champion Suite (Min 30 Guests per night)					
VIP Gold Suite (min 40 Guests per night)					
Balance Due					\$

Booking Details

TOTAL Package	\$
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