

Karawa Training Restaurant Booking and Credit Card Payment Form

Booking Name _____

Booking Date _____ Booking Time _____

Contact Number: _____ Email Address _____

Master Card Visa Card AMEX Other

Card# _____ EXP _____ CCV _____

Number of Guest _____ Amount \$ _____

Card holders Name: _____

Card Holder signature _____

(Not required if supplied the CCV)

Please email back to Karawa@cdu.edu.au or Fax to 8946 7847

Terms and conditions

In the unfortunate event that you can not attend your reservation and have to cancel your booking, the following conditions apply: no refund can be made; therefore payment will be forfeited.

Any special requests such as dietary requirements, seating requests, must be included with your booking and provided not less than two weeks prior to the date. Seating arrangements will not be altered on the night of attendance

The customer agrees to begin and vacate Karawa at the scheduled times:

- Lunch 12:00pm for 2pm conclusion
- Dinner 6:30pm/7:00pm for 9:30pm conclusion

Office Use Only	
0640-8157-183-01-01	Amount\$ _____
0640-8152-183-02-01	Amount\$ _____
0640-8152-153-07-01	Amount\$ _____

Administered : Kim Inglis	Approved: Team Leader Tim Francis	Version 1.2
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