

Hampton Harbour Boat and Sailing Club
PO Box 141
DAMPIER WA 6713



Dear Sir/Madam

FUNCTION ENQUIRY

Thank you for your enquiry regarding a function at the Hampton Harbour Boat and Sailing Club (HHBSC).

Attached is a "Function Pack" that includes the following documents to assist in the booking process:

- *Outline of Club facilities and services*
- *Booking Form*
- *Drinks Price List (available on request)*
- *As we are a licensed premises all drinks must be purchased from the club*
- *There is a caterer on site. They must used for all functions.*

Please complete the form and forward by either:

- *e-mail hhpsc@bigpond.net.au*
- *fax to (08) 91831 612, or*
- *by mail to the above address*

On receipt of your request, you will contact you to confirm details and requirements.

Should you have any queries regarding this process, please contact Katie on 9183 1116. Note that the office hours are Monday, Wednesday and Friday 8am-2pm..

We look forward to being of service to you at your function.

Yours sincerely

Kate Weeding
Bar and Functions Coordinator
Ph; 9183 1116



Hampton Harbour Boat and Sailing Club

FUNCTION PACK

OUTLINE OF FACILITIES AND SERVICES

Bookings

- Must be made in a members name and member must attend the function. Memberships are available at a cost of:
 - * Social memberships available from \$70 p.a.
 - * Ordinary membership \$270.00

Venue Hire

- **\$100.00 to 50 people**
\$200.00 over 50 people
Security must be provided for groups over 100

Availability

Lunch: Saturday & Sunday
Dinner: Wednesday to Sunday

Function Areas

- Upstairs balcony
- Downstairs

Supply of Beverages

- Over the bar **TAB** available for all function guests.
- **ESKIES** on the balcony (must be served by bar staff)

Catering

All catering must be done by the club caterers.
“**SHIP’S GALLEY**” is on site and readily available



Hampton Harbour Boat and Sailing Club

FUNCTION PACK

BOOKING FORM

Function Name _____

Contact Name 1 : _____ **Phone** _____

E-mail _____ **Mobile** _____

Contact Name 2 : _____ **Phone** _____

E-mail _____ **Mobile** _____

Please complete and tick boxes to indicate preferences. On receipt of form we will contact you and discuss options in more detail to finalise arrangements.

Preferred Function Date/s: _____ **Time:** _____

Function Area Upstairs balcony Downstairs

Guest numbers _____ (to be confirmed/confirmed)

Beverages

Over the Bar - Tab

Pre-purchased - Eskies

Wines

Payment Method Purchase Order

Cheque

Credit Card

EFTPOS

Invoicing Address _____
