



## EVENT CONFIRMATION FORM

Name of Company/Individual(s).....  
 Date of Event..... Time of Event (*access time is 2 hrs prior to function*).....  
 Type of Event..... Will any VIP'S  Media/Press  be in attendance?  
 Address of Company/Individual .....,  
 Name of Company's contact..... Tel. # .....,  
 On-site contact for Company..... Tel. #.....  
 Email Address ..... Fax #.....

**Menu Details:** (*It is not recommended that 2 of the same type meat or option be selected*)  
**Conference Packages** - For Reservations of more than one day, please send menu attachment.  
 Option 1  Option 2  Option 3  Option 4  Option 5   
 Option 6  Option 7  Option 8  Option 9  Option 10   
 Breakfast Option \_\_\_\_\_ Brunch Option \_\_\_\_\_  
 Coffee Break Option \_\_\_\_\_ Lunch /Dinner Option \_\_\_\_\_  
**Cocktail Options** (Indicate 3/4 or 5 course, # menu & cost please)  
 Specialty Platter \_\_\_\_\_ Additional item(s) requested. \_\_\_\_\_  
 Hors D'oeuvres (please attach the selected items)

Food service Style (*Buffet  Plated* ). **Minimum of 30 persons for buffet service. If required for less than 30, a charge of \$3000.00 is applicable.**  
 Food service times: Am Break..... Lunch..... PM Break..... Dinner .....

No. of persons attending event..... **(See GPGA for event confirmation)**  
 Number of Vegan..... or Fish only, meals required? .....it is recommended they are seated together.  
 Number of children under 10years old (60% of cost per child).....

Bar type required (if any)? ..... confirm bar opening time ..... **(All limited bars are set to a \$ value)**  
 Will wines be taken in? .....number of bottles ....., what time should they be served.....?  
**N.B Corkage fee is charged at JA\$\_\_\_\_.00 per bottle. 1 bottle serves 5 persons**

Color scheme of Event? ..... **(Coloured napkins can be provided – conditions apply)**

Will Display table(s) be required & #? .....What items will be displayed. .... **(Dependent on room capacity & #s confirmed)**

Will Awards;  Presenters'  Registration table(s) be required?  
 The number of tables required..... # of persons to be seated .....

Will Banners be taken in? Y..... , N..... **If yes, it should be taken in the day before?**  
 Audio Visual equipment required: Flip chart; Microphones Wired  / Wireless ; Multimedia projector; Screen; Other .....

Will a Band /Entertainers be at your event? Y \_\_, N \_\_ , do we need to provide seating for them? .....

Set-Up Type: (**Banquet style, Theatre, Classroom, U-shape, Board Room and Hollow Square**):

Number for Head table..... # for reserved tables.....

Additional Requirements: \_\_\_\_\_

Please submit completed form 1 month prior to event date (if applicable) **OR** immediately if a late booking, **to fax #:876-929-0593**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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