

PRE-ORDER FORM

Email to reception@arkabahotel.com.au please phone 8338 1100 to confirm receipt of this form

| Name | Phone |
|---------|--------------|
| Company | |
| Date | Arrival Time |

ALL PRE-ORDERS MUST BE RECEIVED BEFORE 11AM ON DAY OF DINING.

| Name | Entrée | Main | Cost | Paid to organiser |
|---------------------|--------|------|------|-------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| Total owed to venue | | | | |