



NATURE'S REST

HOLIDAY RESORT

WEBSITE: <http://www.naturesrest.co.za>

EMAIL: reservations@naturesrest.co.za

TEL: 043 736 9753 / 065 972 5229

FOR RESERVATION OF THE CONFERENCE FACILITY, PLEASE READ AND COMPLETE THE FORM BELOW:

- * Please initial all pages of this form. The Conference room / hall caters for up to 70 persons.
- * Our kitchen facility is self-catering, inclusive of all the items listed in the form. You may organize your own caterer or we can recommend an independent caterer, you may contact. Our quote will only be for the use of the hall and kitchen's self-catering facilities and appliances in the kitchen, including gas, unless stated differently in writing. Any caterers used, will use the facilities at their own risk and will operate as independent enterprizes or entities. Nature's Rest will under no circumstances be held liable for any loss,damage, injury or health risks related to any caterers, their food and or drinks or any of their catering services renderend.
- * Please note these facilites must be left clean and tidy. All rubbish, bottles etc. must be removed, except by prior arrangement. A service penalty will be charged if this is not adhered to.
- * No Decorations may be attached to the walls.
- * Cutlery & crockery from the conference kitchen, may NOT be taken to self-catering units. Nor may any crockery / cutlery from units be used in the hall. A penalty will be applied for non-compliance.
- * The hall may only be booked between 06h00 am and 23h00. All terms and conditions apply at all times and non compliance will incur penalties / eviction without any refund. Music may only be played inside the hall for the duration of your function (limited dB/Noise levels allowed) . No music is allowed outside the conference hall anywhere in the resort.
- * Any damages, breakages, shortages or penalties incurred during use of the hall and or kitchen, will be deducted from the breakage deposit. Furthermore any additional cost required to cover such breakage/damages/penalties, not covered by the deposit will be charged to the institution / company represented or person that completed this form.

NAME & SURNAME:				
COMPANY/INSTITUTION:				
EMAIL:				
CONTACT NUMBER:	TEL:		CELL:	

NO OF PERSONS ATTENDING	DATE	STARTING TIME	ENDING TIME	NATURE OF FUNCTION

PLEASE INITIAL (PAGE 1 / 2) : _____

***PLEASE COMPLETE THE FOLLOWING:**

(mark with "X")

WILL BE NEEDING USE OF:

- A KITCHEN
- B BRAAI FACILITIES

YES	NO

- C PROJECTOR & SCREEN
- D LED TV

YES	NO

DESCRIPTION	YES	NO	QTY	DESCRIPTION	YES	NO	QTY
TABLES				TABLE CLOTHS			
CHAIRS				BRAAI GRIDS			
BAGS WOOD @ Extra cost				CHAIR COVERS (WHITE)			

KITCHEN INCLUDES:	QTY		QTY
9 KG GAS BOTTLE CONNECTED	1	MICROWAVE / GRILL S/STEEL DEFY	1
DINNER PLATES	70	DOUBLE DOOR FRIDGE/FREEZER	1
SIDE PLATES	70	URN	1
CUPS	70	DOUBLE DOOR FREEZER	1
SAUCERS	70	3 X PLATE GAS BURNER	1
PUDDING/CEREAL BOWLS	70	EGG LIFTER / SPATULA	1
SUGAR BOWLS	8	CORK SCREW / BOTTLE OPENER	1
GLASSES	70	COLANDER S/STEEL	1
GLASS JUGS	5	SALAD SPOON	1
FORKS	70	MASHER	1
KNIVES	70	WHISK / EGG BEATER	1
DESERT SPOONS	70	SERVING SPOON	2
TEA SPOONS	70	SOUP LADLE	1
MEAT KNIFE	1	SALT & PEPPER SHAKER SET	1
BREAD KNIFE	1	BUCKET WITH LID	1
VEGETABLE KNIFE	2	BRAAI THONG	1
CHOPPING KNIFE LRGE	1	LARGE ALLUMINIUM POT & LID	1
CUTTING BOARDS	2	MEDIIUM ALLUMINIUM POT & LID	1
TIN OPENER	1	SMALL ALLUMMINIUM POT & LID	1
WOODEN SPOONS	2	LARGE POTJIE POT & LID	1
SALAD BOWLS	2	GLASS CASEROLE DISH & LID (LRGE)	1
GRAVY BOAT	2	GLASS CASEROLE DISH & LID (MED)	1
GRATERS	2	GLASS CASEROLE DISH & LID (SML)	1

OTHER REQUESTS (We will give feedback on possibility of provision for additional/other requests):

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PLEASE NOTE NO ACCESS WILL BE ALLOWED THE THESE FACILITIES BEFORE A RESERVATION IS SETTLED IN FULL AND THE BREAKAGE / KEY DEPOSIT PAID. A BREAKAGE/KEY DEPOSIT OF _____ IS APPLICABLE TO THE CONFERENCE HALL/KITCHEN, WHICH EXCLUDES ANY BREAKAGE/KEY DEPOSITS OWED FOR SELF-CATERING UNITS / OTHER FACILITIES BOOKED.

ALL TERMS & CONDITIONS APPLY.

I HEREBY CONFIRM THAT I AM LIABLE FOR THE FULL PERIOD RESERVED, INCLUDING ALL REQUESTS INDICATED IN THIS FORM AS WELL AS ALL/ANY DAMAGES, LOSS AND OR BREAKAGES CAUSED TO THE PROPERTY AND OR PENALTIES INCURRED, WHILE USING / RENTING THE VENUE (CONFERENCE HALL AND OR KITCHEN). I ALSO CONFIRM THAT I AM FULLY AWARE THAT A CANCELLATION FEE IS APPLICABLE AT ALL TIMES, ONCE A BOOKING IS SECURED AND THAT THE FULL REQUIRED PAYMENT/DEPOSIT WILL BE FORFEITED AND NO REFUNDS WILL BE MADE IF CANCELATIONS IS NOT MADE AT LEAST ONE MONTH PRIOR TO ARRIVAL. BY SIGNING THIS DOCUMENT I DECLARE THAT I HAVE RECEIVED, READ, UNDERSTOOD AND AGREED TO THE TERMS & CONDITIONS OF ENTRY.

SIGNATURE:

PRINT NAME

DATE