



Request for Service Form

Company Name:	
Customer Name:	Customer Contact Number:
Customer Address:	
Service Location Address:	
Email address:	
Email address for invoice if different to above:	
Date for Service:	Time for Service:
Type of Service:	
<input type="checkbox"/> Welcome to Country	<input type="checkbox"/> Cultural Heritage Session
<input type="checkbox"/> Smoking Ceremony	<input type="checkbox"/> Cultural Visit
<input type="checkbox"/> Music and Dance Ceremony	No# of people Catering? N/A
<input type="checkbox"/> Cultural Education Tour	M/Tea <input type="checkbox"/> Lunch <input type="checkbox"/> A/Tea <input type="checkbox"/>
Dietary requirements: (qty @ gluten-free, vegie, vegan):	
Further Information (please provide details about why you have booked the service / event / workshop)	
Requested by:	Date:
Office use only Person appointed:	Date: