



FUNCTION SHEET (TO BE COMPLETED IN FULL)

GROOM NAME & SURNAME _____

Tel: +264 64 415900

Fax: +264 64 415999

BRIDE NAME & SURNAME _____

PO Box 2765

Swakopmund

info@seasidehotelandspa.com

WEDDING DATE _____

TEL & CELL NO _____

EMAIL _____

NO OF PEOPLE _____

CHAPEL _____ (N\$2050.00) ON BEACH _____ ON GRASS _____

SERVICE TIME _____ H _____

RECEPTION VENUE _____

RECEPTION TIME _____ H _____

EAT TIME _____

WELCOME DRINKS TIME _____

WEDDING PLANNER _____

GUESTS PER TABLE _____ GUEST PER HEADTABLE _____

BAND / DJ _____

PHOTOGRAPHER _____

WINE PER TABLE _____

CHAMP. PER TABLE _____

BAR DETAILS _____

EXTRA REQUESTS: _____

**NO FOOD WILL BE GIVEN AS TAKE AWAY. NO OWN LIQUOR, BEVERAGES OR WINES
WILL BE ALLOWED AT ALL.**

***ALL BAR FACILITIES CLOSES AT 24H00 AS REQUIRED BY LAW. THE FUNCTION WILL
ALSO STOP AT 24H00 AND GUESTS SHOULD LEAVE THE PREMESIS.***

Sea Side Hotel and Spa



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PAYMENT METHOD : _____

N\$ 9050 HAS TO BE PAID AS A DEPOSIT IN ORDER TO CONFIRM BOOKING.

THIS DEPOSIT IS NON REFUNDABLE.

NOTES:

I HAVE READ AND UNDERSTAND THE FUNCTION SHEET.

SIGNED : _____ DATE : ____/____/____