



# MENTONE R.S.L. SUB BRANCH INC.

---

---

ABN 79 788 303 326  
*All correspondence to be addressed to*  
**THE SECRETARY**  
**P.O. BOX 88, MENTONE VIC 3194**  
**9 PALERMO STREET, MENTONE 3194**

*Telephone (03) 9583-2841*  
*Fax (03) 9583-9762*  
*www.mentonersl.com.au*  
*email: [mtonersl@aapt.net.au](mailto:mtonersl@aapt.net.au)*

**Contact person name** \_\_\_\_\_

**Organisation / Event** \_\_\_\_\_

**No of guests** \_\_\_\_\_

**Date of Function** \_\_\_\_\_

**Time of Function** \_\_\_\_\_

**Room** \_\_\_\_\_

**Room Hire** \_\_\_\_\_

**Menu Selection** \_\_\_\_\_

**Bar Arrangements** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**Contact Telephone** \_\_\_\_\_

**Contact Mobile** \_\_\_\_\_

**Contact Email** \_\_\_\_\_

**Deposit paid yes / no date** \_\_\_\_\_ **amount** \_\_\_\_\_

**I have read the Mentone RSL function bookings conditions and understand them.**

**I confirm my booking and accept these conditions.**

**Signed** \_\_\_\_\_

**Name** \_\_\_\_\_

**Date** \_\_\_\_\_