

**SHELANTI FUNCTION & CONFERENCE VENUE
RESERVATION FORM**

Date of function: _____
Time of function: _____
Shelanti Chapel: _____ YES _____ NO
Estimated Number of Guests: _____
Name of person booking the venue: _____
(Person liable for payment)
Home Tel: _____ Cell: _____
Work Tel: _____ E-mail: _____
Id No: _____
Address: _____

Name of the Bride: _____
Tel no: _____ Cell: _____
Parents contact no: _____
Name of the Groom: _____
Tel no: _____ Cell: _____
Parents contact no: _____
Method of payment:
(NO CREDIT CARDS)
Cheque: _____ Cash: _____ Internet transfers: _____ (Reference: indicate
date of function and name)
Receipt no: _____
Fax or E-mail proof of payment together with the completed reservation form.

BANK DETAILS
Interplay Trading T/A Shelanti Garden
ABSA Centurion
Cheque Account
Account no: 4056992322
Branch no: 634-256

I _____ agreed to the terms and conditions of this
document (please initial page 1 to 12 of this document).

SIGNATURE

DATE

Your Bank details: Bank: _____
Account no: _____
Branch Name: _____
Branch Code: _____
Account holder: _____