



SPOOKERS BOOKING FORM

FAX TO 09 2919008 OR EMAIL TO bookings@spookers.co.nz

Today's Date _____
Your Name _____
Company Name _____
Contact Phone _____ Mobile _____
Email address _____
Number attending _____
Date for Booking _____ 2nd Choice _____
Time of arrival _____ Time to eat _____

- | | | |
|---|---|--|
| <input type="checkbox"/> BANQUET | <input type="checkbox"/> 2 ATTRACTIONS | <input type="checkbox"/> ALL ATTRACTIONS incl photo |
| <input type="checkbox"/> Elvira Banquet Package | <input type="checkbox"/> \$ 70.00 per Skull | <input type="checkbox"/> \$ 90.00 per Skull |

- | | | |
|---|---|--|
| <input type="checkbox"/> CHRISTMAS PACKAGE | <input type="checkbox"/> 2 ATTRACTIONS | <input type="checkbox"/> ALL ATTRACTIONS incl photo |
| <input type="checkbox"/> Elvira Christmas Package | <input type="checkbox"/> \$ 75.00 per Skull | <input type="checkbox"/> \$ 95.00 per Skull |

- FINGER FEAST (attractions not included)**
- | | |
|---|-------------------|
| <input type="checkbox"/> Finger Feast (6 options min apply) | \$_____ per Skull |
|---|-------------------|

- CHILDRENS BIRTHDAY PARTY PACKAGES**
(Includes entry into Shiver 'n Shake and 3D Manic Maze with Vortex Tunnel)
- | | |
|---|---------------------|
| <input type="checkbox"/> Children's Birthday Party (PACKAGE A) | \$350.00 (2ad/10ch) |
| <input type="checkbox"/> Extra adults & children | \$ 25.00 each |
| <input type="checkbox"/> Children's Birthday Party (PACKAGE B) | \$ 22.00 per child |
| <input type="checkbox"/> Extra's: Balloon, Loot bag and Cake | \$ 12.00 per child |

PLEASE CIRCLE ONE: GHOST CAKE/BAT CAKE/SKULL CAKE

- TEAM TERROR PACKAGES**
- | | |
|---|--------------------|
| <input type="checkbox"/> Half day package | \$ 75.00 per Skull |
| <input type="checkbox"/> Full day package | \$120.00 per Skull |

- MURDER MYSTERY PACKAGE (Dinner theatre included)**
- | | |
|---|--------------------|
| <input type="checkbox"/> 1 - 49 people (includes Elvira Buffet Meal) | \$ 80.00 per Skull |
| <input type="checkbox"/> 50 - 79 people (includes Elvira Buffet Meal) | \$ 70.00 per Skull |
| <input type="checkbox"/> 80+ people (includes Elvira Buffet Meal) | \$ 65.00 per Skull |



Any special meal and dietary requirements such as food allergies, gluten free, vegetarian or vegan options need to be confirmed in advance. Please state below:

Number of people: _____ Diet Requirements: _____

Booking Conditions:

While every effort will be made to provide the menu as stated we reserve the right to make changes to menus without notice. A 50% deposit for a meal booking is required within two weeks of booking. 10% of the total booking price is non-refundable from 2 weeks prior to your booking date. The balance of the meal and attractions is to be paid as one payment on the night.

48 hours notice of any change in numbers attending is required otherwise the full amount of the booking will be charged.

Christmas functions will require 50% deposit at the time of booking. A 10% cancellation fee will be charged on cancellation of the booking. The 50% deposit is non refundable if cancelled within two weeks of the event. (Places are limited and booking fast!)

Small groups of 2-6 may be accommodated at short notice. Please phone for availability.

We are a fully licensed venue.

I understand the terms and conditions of booking a meal at Spookers' banquet room

Signed: _____

Print Name: _____

Company: _____

Date: _____

Sole Occupancy Conditions:

Groups who wish to book our Banquet Room exclusively, are required to have a minimum of 75 guests. Should the final number confirmed fall below that figure then Spookers Ltd reserves the right to charge a sole occupancy fee as follows;

For every person who cancels there will be a \$10 charge, however should the numbers drop to 50% occupancy (50 guests minimum) or below a further charge of \$300 will apply.

I have read and agree with the conditions of Sole Occupancy;

Signed: _____



METHODS OF PAYMENT

By Cheque made payable to Spookers Ltd and sent to 833 Kingseat Rd, RD1, Papakura.

Or

Direct Credit to the BNZ No 02 0727 0044979 06 (stating your name and date of function).

Or

By Credit Card:

Credit Card Type _____

Card Holder Name _____

Credit Card Number _____

Expiry Date _____

Amount To Deduct _____

***Please note that this form is kept confidential and filed in a safe place**

SIGNED _____

PRINT NAME _____

COMPANY _____

***DINING TIMES ARE FROM 6.00PM ONWARDS – summer months and
6.30PM ONWARDS – winter months**