



Nightmares Booking Form

Fax to 06 329 3457 or email bookings@nightmares.co.nz

YOUR NAME.....TODAY'S DATE.....

COMPANY NAMECONTACT PHONE.....

EMAIL ADDRESS..... NUMBER ATTENDING

DATE FOR BOOKINGTIME OF ARRIVAL.....

PRICE PER HEAD

ANY SPECIAL MEAL AND DIETARY REQUIREMENTS SUCH AS ALLERGIES GLUTEN FREE, VEGETARIAN OR VEGAN OPTIONS NEED TO BE CONFIRMED IN ADVANCE. PLEASE STATE BELOW:

NUMBER OF PEOPLE REQUIREMENTS.....

BOOKING CONDITIONS:

While every effort will be made to provide the menu as stated we reserve the right to make changes to the menu without notice. A 50% deposit for a meal booking is required within 2 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 attraction 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!)

I UNDERSTAND THE TERMS AND CONDITIONS OF BOOKING A MEAL AT NIGHTMARES.

SIGNED.....DATE

PRINT NAME.....

COMPANY.....

Please Provide Method Of Payment Below



METHODS OF PAYMENT

By Cheque made payable to Nightmares Haunted Attractions Ltd ,
PO BOX 5599 Palmerston North,

Or

Direct Credit to the BNZ 02 0628 0037001 00 (stating your name and date of function)

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

***Dinning Times Are From 6pm Onwards**