



CHOCOLATE FOUNTAIN SPECIALIST

BOOKING FORM

Contact:*

Date of Event:*

Address:*

Room:*

Venue:*

[Tel:*](#)

Email:*

Number of Guests:*

Please state the time you want us to run the Fountain (3 hours maximum)

From:*

To:*

Please confirm the type of Chocolate you require: *Belgian Dark/Milk/White (or Cadburys Dairy Milk for an additional £30)

Please indicate if you require any alternative dipping foods to our standard package:

For Marketing purposes, can you please state how you heard about Absolute Chocolate?

Our Terms:

To secure your booking we require a 10% deposit, made payable to Absolute Chocolate.

The balance will be due 10 working days prior to your party, by cheque.

Please complete each section (marked by *), and make any amendments necessary, then sign, date and return this form to us.

*.....
Signed by (Please Print):

*.....
Date:

Note:

**In the unlikely event that we cannot run the Chocolate Fountain due to a mechanical breakdown, or other unforeseen circumstance, a full refund will be given.*

***We are covered with Public Liability Insurance through HSBC*

www.absolutechocolate.co.uk

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