



# Pre-Order Fax Form

Please fax to 9250 5579

23 Cale, Street, Midland  
Ph: 9250 2995

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Date & Time Of Meal: \_\_\_\_\_

Number Of Guests: \_\_\_\_\_

Preferred Seating:  Restaurant  Bar  Beer Garden

**Note:** Meals will be served at the time indicated on this order form determined by the time on the clocks at The Principal. Please arrive at least 10 minutes prior. A Minimum of 2 hours notice is required for all orders. An order will only be confirmed when a member of our staff contacts you via email. Restaurant seating is dependent on existing bookings at the time of order.

**A valid credit card is required for all pre-orders. Your card will be charged upon confirmation of this order.**

Name of Cardholder: \_\_\_\_\_

Type Of Card: Visa / Mastercard / Amex

Expiry of Card: \_\_\_\_\_

Card Number: \_\_\_\_\_