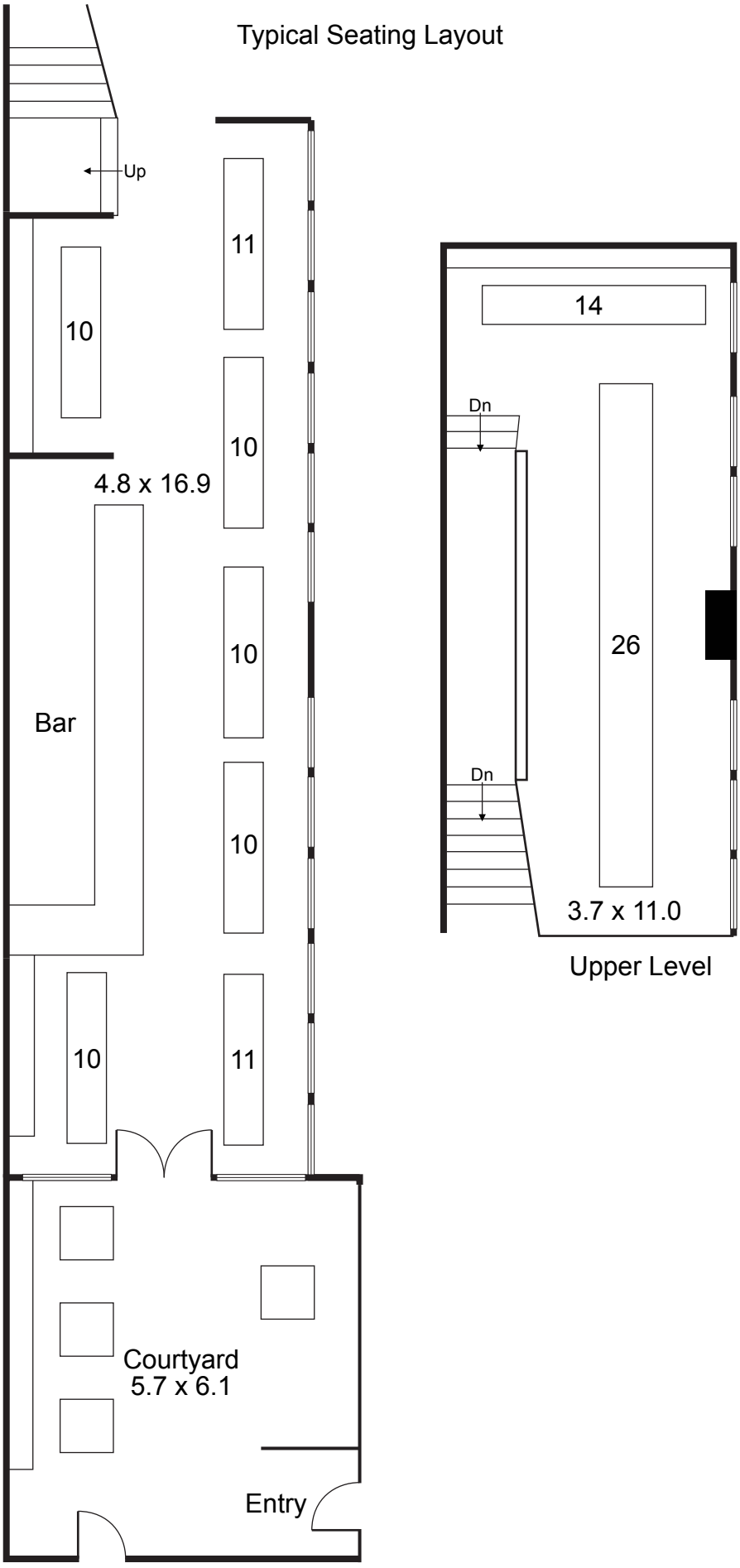
# " THE FRENCH BRASSERIE"

Typical Seating Layout




Upper Level

Wheel Chair Access
Entry Level

the
french
brasserie

Date of Inquiry: _____ Staff Name: _____

Guest Name: _____ Co Name: _____

Bus Hrs Phone: _____ Mobile:_____

Email: _____ Fax: _____

Function Date: _____ Time: _____

Function Type (pls circle) Lunch Dinner Cocktail Party
Out catering

Number of guests: _____

---

**Menu:** ***(note what type of menu, any special requests etc./ so the Chef can give an accurate quote)***

---

Beverages: *(Package or on-consumption)*

---

Comments: