



Boat Hire Sydney - Victoria Moulang 18th

Event Date: Saturday, November 4, 2023

Event Number: 33201778

TAX INVOICE: 20867816

CLIENT DETAILS

ACCOUNT: Boat Hire Sydney

CLIENT CONTACT: Pippa Robertson

EMAIL: pippa@boathiresydney.com.au

PHONE: 0437 752 424

ADDRESS:

VENUE DETAILS

SALES MANAGER: Angelina Bagdassarian

EMAIL: angelina.bagdassarian@sealink.com.au

PHONE: 02 92061111

Areas	Day	Date	Setup Start	Time	Teardown End	Setup Type	Gtd
Sydney Crystal	Saturday	4/11/2023		1:00 pm – 5:00 pm		Daytime Cocktail	50

GUARANTEED GUEST NUMBERS

***GTD** - Guaranteed guest numbers are the minimum number of guests required to meet the minimum spend. Please note the following guest numbers apply:

Minimum Passengers Required: 50

Maximum Passengers: 70

Approx no. of Passengers: 70

EXCLUSIVE EVENT PACKAGE

Qty		Price	Total
2	Additional Bar Staff - Minimum 4 hours - non commissionable	A\$300.00	A\$600.00
1	Consumption Bar Deposit The balance to be settled onboard at the end of the Cruise. Unused bar credit will not be refunded - non commissionable	A\$500.00	A\$500.00

ADDITIONAL CHARGES

Qty		Price	Discount	Discount Price	Total
70	Cruising Cocktail Menu - a selection of 8 canapes	A\$133.00	15%	A\$113.05	A\$7,913.50
1	Vessel Hire Fee included in charter fare				
1	Wharf Fee - Pick Up King St Wharf 2	A\$75.00			A\$75.00
1	Wharf Fee - Drop Off Woolwich Wharf	A\$75.00			A\$75.00

	Total
GST (Inclusive)	10.0% A\$833.05
Price Per Person (Based on the GTD)	A\$155.70
Grand Total	A\$9,163.50

Deposit - 25% - To secure the date (Direct Deposit)

Paid 18/7/2023

-A\$1,937.50

Remaining Payable Balance**A\$7,226.00****PAYMENT INFORMATION****DIRECT DEPOSIT**

Captain Cook Cruises Pty. Ltd.

ABN 17 008 272 302

Please include invoice number & Event Name with EFT payment

Account Name: Captain Cook Cruises Pty Ltd**Bank:** ANZ BSB: 015 056 **Account No:** 841669104 **Swift Code:** ANZBAU3M

Credit Card Authorisation Form

Credit Card Type:	
Name on Credit Card:	
Credit Card Number:	Security Code:
Expiration Date:	
Credit Card Billing Address:	
I understand that by signing this Credit Card Authorisation form that this credit card will be charged in accordance with our terms.	
Cardholder's Signature:	
Print Name:	
Date:	