

Christmas Day Lunch Thursday, 25 December 2025 12pm – 3pm Historic Ballroom

Email______ Mobile _____

Database	
Tentative Email	
Sent	
Process	
Payment	
Post in Opera	
Confirmation	
Email with	
Receipt	

Office Use Only

	Adult \$195pp	Child (11 – 17 years old) \$145pp	Child (4– 10 yearsold) \$95pp	Under 3 years old Free	Total
# of guests					
Total					
Please cii	rcle your preferred s	eating time			

• 12.00pm

Name/s _____

• 12.15pm

Where did you hear about the eve	ent?							
Where did you hear about the event? Please advise of any other bookings that you would like to be seated with (if applicable):								
Please advise of any dietary requirements (7 days' notice required):								
Highchair Requirement: (circle) YI	ES NO							
Payment Details								
I would like to pay by								
Cash Bank Transfer Credit Card (surcharge of 1.4% applies for Visa & Mastercard and 1.9% on AMEX)								
Credit Card Details								
Name	Card Type	Expiry Date	CVV					
Credit Card Number								
Amount \$		Signature						
Booking Taken By:	Date:							
☐ I wish to receive special offers	and communicatio	ns from Pagoda Resor	t & Spa via email					
Terms & Conditions Apply								

- As this is a special event, full pre-payment is required to secure your booking
- Cancellation is not applicable within 14 days of the event
- · Most dietary needs can be accommodated with at least 7 days' notice. Please notify at the time of booking.
- Not in conjunction with any other offer or discount