



# WINE GUILD VICTORIA INCORPORATED

## FUNCTION NOTICE

### **ZEST RESTAURANT DINNER**

*Masks must be worn on arrival.*

*All those attending must be fully vaccinated and proof of vaccination will be required.*

*Must check in on arrival.*

- Date:** Tuesday 16<sup>th</sup> November 2021
- Venue:** Zest Restaurant  
Holmesglen Tafe  
595 Waverley Road, Glen Waverley. Vic. 3150  
**Rear of Building 1**
- Time:** 6.30pm for 7.00pm start.  
Sparkling wine served on arrival.
- Host:** EMAD AKHNOUKH - HOSPITALITY TRAINER – HOLMESGLEN TAFE



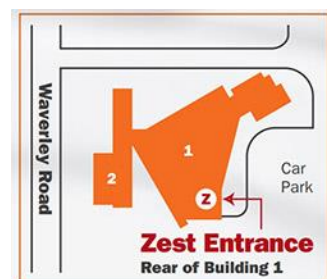
**Wines:** Wines will be selected and matched to the menu by Emad.

**Menu:** Modern Australian Fine Dining Cuisine  
3 course Menu, each served 50/50  
Entrée, Main & Dessert  
Tea & Coffee

**Parking:** Off street car park, rear of Building 1.  
Ticket Parking \$4.00.

**Cost:** Financial Members: \$60.00 Non Members: \$70.00

**RSVP:** Tuesday 9<sup>th</sup> November 2021



# REMITTANCE ADVICE

## ZEST RESTAURANT DINNER

TUESDAY 16<sup>TH</sup> NOVEMBER 2021

FINANCIAL MEMBERS: \$60.00      NON MEMBERS: \$70.00

**RSVP: Tuesday 9<sup>th</sup> November 2021**

Online Booking Form: [www.wineguildvictoria.com.au/online-function-booking-form](http://www.wineguildvictoria.com.au/online-function-booking-form)

**Ctrl + Click to RSVP & receive email acknowledgement**

Post to: **The Secretary, Wine Guild Victoria, PO Box 1000, SUNBURY VIC 3429**

Phone enquiries: Dianne Lofts 0412 756 073

Email enquiries: [secretary@wineguildvictoria.com.au](mailto:secretary@wineguildvictoria.com.au)

I/We will attend the Zest Restaurant Dinner on Tuesday 16<sup>th</sup> November 2021.

1. Please charge my  Master Card       Visa

Card Number:

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Card Holder's name: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Total amount: \$ \_\_\_\_\_

2. **Direct Deposit details:** Westpac Bank BSB 033 138, Account name: Wine Guild Victoria

Account Number: 167701 **Reference: ZR > Your surname.**

3.  Enclosed is a cheque/money order for: \$ \_\_\_\_\_ payable to Wine Guild Victoria Incorporated.

**Please print names clearly:**

Member: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Member: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Non-Member: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

Non-Member: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

**Special Dietary Requirements:**

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

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