



### Grand Slam Select - Host Name Information

In order to ensure your host and guest(s) are seated promptly for your inclusive food and beverage service during the tournament, we wish for you to complete the details below:

Company Name (as provided at the time of purchase): \_\_\_\_\_

Session(s) purchased: Please circle session(s) below and complete host name

Mon 14 <sup>th</sup> Jan	Day	Night	No. of guests:	Host Name:
Tue 15 <sup>th</sup> Jan	Day	Night	No. of guests:	Host Name:
Wed 16 <sup>th</sup> Jan	Day	Night	No. of guests:	Host Name:
Thu 17 <sup>th</sup> Jan	Day	Night	No. of guests:	Host Name:
Fri 18 <sup>th</sup> Jan	Day	Night	No. of guests:	Host Name:
Sat 19 <sup>th</sup> Jan	Day	Night	No. of guests:	Host Name:
Sun 20 <sup>th</sup> Jan	Day	Night	No. of guests:	Host Name:
Mon 21 <sup>st</sup> Jan	Day	Night	No. of guests:	Host Name:
Tue 22 <sup>nd</sup> Jan	Day	Night	No. of guests:	Host Name:
Wed 23 <sup>rd</sup> Jan	Day	Night	No. of guests:	Host Name:
Thu 24 <sup>th</sup> Jan	Day	Night	No. of guests:	Host Name:
Fri 25 <sup>th</sup> Jan		Twilight	No. of guests:	Host Name:
Sat 26 <sup>th</sup> Jan		Twilight	No. of guests:	Host Name:
Sun 27 <sup>th</sup> Jan		Twilight	No. of guests:	Host Name:



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#### Signage

All table signage will reflect the company name provided at the time of your reservation (unless specified otherwise).

Should any changes to your signage be required, please provide details below:

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Please return both of these forms to [corpassist@tennis.com.au](mailto:corpassist@tennis.com.au) at your earliest convenience.

#### Dietary Requirements

Should you or your guests have any known dietary requirements or allergies, please complete the accompanying Allergy Awareness form provided to you as an attachment to this email.