Function Suite Booking Form

MR/MRS/MISS

CHRISTIAN NAME: SURNAME: .....

COMPANY NAME: .....

ADDRESS: .....

POSTCODE: .....

TELEPHONE NUMBERS:

DAY: EVENING: .....

FAX: MOBILE: .....

TYPE OF FUNCTION: .....

DATE TIME REQUIRED ..... am/pm UNTIL am/pm

No. OF PERSONS ATTENDING APPROX BAR REQUIRED ☐ YES ☐ NO

CATERING REQUIRED ☐ YES ☐ NO BAR EXTENSION ☐ YES ☐ NO

PREVIOUS DAY KITCHEN USE ☐ YES ☐ NO TIMES AGREED.....

ADDITIONAL SERVICES REQUIRED

DJ ☐ BALLOON DECORATIONS ☐ FLOWERS ☐ PHOTOGRAPHY ☐

LIVE ENTERTAINMENT ☐ SPECIAL MENU ☐ TYPE OF MENU ☐

DEPOSIT PAID ☐ YES ☐ NO RECEIPT NO. PRICE CONFIRMED £ .....

ADDITIONAL INFORMATON .....

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MORE THAN JUST A RUGBY CLUB...