

Client Booking Form

Laurels Function Room

- 1) Name _____
- 2) Address _____
Town _____ Postcode _____
- 3) Business Name (if applicable) _____
- 4) Telephone Number _____
- 5) Mobile _____
- 6) Email _____
- 7) Date of Function _____
- 8) Times Required From _____ To _____
- 9) Purpose of Function _____
- 10) Anticipated Number of Guests _____
- 11) A deposit of the amount of Room Hire is required within 14 days of booking. Bookings are not confirmed until deposit is received. A letter of confirmation will be forwarded upon receipt of deposit.
- 12) I acknowledge having received a copy of the terms and conditions. I will comply with all respects of such conditions on acceptance of this application.

Signed: _____ Date: _____