



**WELWYN GARDEN CITY GOLF CLUB
FUNCTION FORM**

NAME:	
ADDRESS:	
PHONE NUMBER HOME:	MOBILE:
EMAIL:	

DATE OF FUNCTION _____

TYPE OF FUNCTION _____

DINING ROOM/LOUNGE _____

TIME OF ARRIVAL _____

NUMBERS _____

DEPOSIT PAID DATE _____

A deposit of £100.00 is required when booking a function and the balance is required 10 days before the event

BALANCE DUE _____

BACS DETAILS

WELWYN GARDEN CITY GOLF CLUB

REFERENCE NAME/DATE OF FUNCTION

SORT CODE 20-92-54

ACCOUNT NUMBER 80946338

ALTERNATIVE PAYMENT METHODS ARE CHEQUE/DEBIT CARD/CASH