



# FUNCTION BOOKING FORM

<b>Function Date:</b>				
<b>Type of Function:</b>				
<b>Contact Name:</b>				
<b>Contact Address:</b>				
<b>Telephone Numbers:</b>				
<b>Name of Member connected to booking:</b>			<b>Late Licence Required:</b>	
			<b>Date Applied For:</b>	
<b>Clubhouse Venue</b> (Please tick area of choice):	<b>Ailsa Craig Suite</b> <small>(Dinner Only Max 60)</small>	<b>Lower Lounge</b> <small>(Includes Dance Floor)</small>	<b>Upper Lounge</b>	<b>All of Club Lounge</b>
<b>Arrival Time and Duration of Function:</b>			<b>Number of Guests:</b>	
<b>Entertainment Booked by Party:</b> <small>(Name of Group/Band/DJ etc)</small>				
<b>OTHER INFORMATION:</b>  <b>Disability/Dietary</b>				

**Office Use Only**

<b><u>Booking Received by Office</u></b>	<b><u>Copy to Bar/Catering</u></b>	<b><u>Signed Office</u></b>	<b><u>Signed Bar/Catering</u></b>
<b>DATE:</b>	<b>DATE:</b>	<b>DATE:</b>	<b>DATE:</b>
<b><u>Copy to Bar, Catering, Cleaners</u></b>			