**FUNCTION BOOKING FORM**

**Contact Name:**

 First Name Click or tap here to enter text. Last Name Click or tap here to enter text.

**Contact Phone:**

 Mobile Click or tap here to enter text. Phone Click or tap here to enter text.

**Contact Email Address:** Click or tap here to enter text.

**Description of Function:** Click or tap here to enter text.

**Function Date** Click or tap to enter a date. **Approx. number of guests** Click or tap here to enter text.

**Arrival Time:** Click or tap here to enter text. **Finish Time:**Click or tap here to enter text.

**Hire of Venue: Yes** [ ]  **No** [ ]

**Hire of full kitchen: Yes** [ ]  **No** [ ]

**Hire of part kitchen Yes** [ ]  **No** [ ]

**BOND payable on night**

**BBQ hire BYO food Yes** [ ]  **No** [ ]

**Barman – evening Min 2 barmen Yes**[ ]  **No** [ ]

**Barman – daytime Min 2 barmen Yes** [ ]  **No** [ ]

**Barefoot bowls How many playing** Click or tap here to enter text.

**Funeral Wake Catering requirements to be discussed at time booking is made (**self-catering or KBC preferred caterer**)**

**OFFICE USE ONLY**

**DATE BOOKING CONFIRMED:……………………… AMOUNT PAID…………………….**

**FULL PAYMENT RECEIVED ……………………………. DATE…………………………………..**

**CLUB MEMBER SUPERVISING………………………………………………………………………**