LEISURE OPERATIONS

Booking Application Form

	Venue:						
		oriate): Pool				_	
		ulti Purpose Room					
		Office Accomod					
Name of event:		If booking more					
Day and time of booking		than one	e uay.				
		Time from: Please include set up time		Time to:	. Time to:		
Equipment/Special	arrangements:						
Numbers attending session: Fees charged:							
		Telephone/Email:.					
Name and address	of person respon	sible for payment:					
Postcode: Payment by invoice.		Telephone/Email:. e made payable to: Ma					
	If a booking is cancelled within			• Payment shall be made in advance,			
48 hours of the liable for the to		booking you are all amount.		upon booking prior to receiv		,	
Signed: Date:							
Position with club:							
Diagon waterway to very	raalaataal vanus Da	acution Table					



