



# WEDDING BOOKING FORM

Contact Name:

Date of Birth:

Home Address (including postcode):

Home Telephone:

Work Telephone:

Mobile Telephone:

Email Address:

Wedding Event Type:

Wedding Ceremony

Wedding Dinner

Wedding Reception

Booking Day and Date:

Booking Time:

Arrival From:

To Close:

Suite(s) required:

ROWAN

PRESIDENT

INVER HOUSE

ALISTAIR YOUNG

GLENEAGLES

SPORTS BAR

Attendance Numbers (Ceremony):

Attendance Numbers (Dinner):

Attendance Numbers (Reception):

Catering Buffet Menu:

Buffet Numbers:

Buffet Time:

Special Requirements (i.e. Vegetarian Option / Food Allergies):

Bar Requirements:

Sparkling Wine Reception

First Toast

Table Wine

Other Bar Requirements (Please Specify):

Room Requirements:

White Table Linen

White Chair Covers

Black Chair Covers

Organza Bow

Satin Bow

Other Room Requirements (Please Specify):



# WEDDING BOOKING FORM

Room Layout Ceremony Seating:

Theatre Style Numbers

Room Layout Dinner Seating:

Top Table Numbers  Guest Table Numbers

Room Layout Reception Seating:

Top Table Numbers  Guest Table Numbers

Reserved Seating Requirements (Please Specify):

Musical Equipment (Band / Disco) Arrival Time:

Delivery Requirements (Cake / Flowers / Balloons) Arrival Time:

Other Requirements (i.e. Bridal Room / Red Carpet / Master of Ceremonies):

Please sign below to declare your acknowledgement and agreement with the booking terms and conditions.

CONTACT SIGNATURE:

DATE:

OFFICIAL USE ONLY

Deposit Paid: £  CSH  CHQ  CRD  Date Processed:  Processed by: