



FUNCTION BOOKING FORM

Contact Name:

Date of Birth:

Home Address (including postcode):

Home Telephone:

Work Telephone:

Mobile Telephone:

Email Address:

Function Event Type:

Booking Day and Date:

Booking Time:

Arrival From:

To Close:

Suite(s) required:

ROWAN

PRESIDENT

INVER HOUSE

ALISTAIR YOUNG

GLENEAGLES

SPORTS BAR

Attendance Numbers:

Catering Numbers:

Time of Food Service:

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

Extra Requirements:

Sparkling Wine Reception

First Toast

Table Wine

White Table Linen

Chair Covers

Other Requirements (Please Specify):

Musical Equipment (Band / Disco) Arrival Time:

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

Top Table Numbers

Guest Table Numbers

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: