



Phone: 8344 8575 Fax: 8344 5583

Office Use Only
BOOKING NUMBER

CHANGES TO BOOKINGS

Organisation/Department: _____

Address: _____

_____ **Postcode:** _____

Name of Contact Person: _____

Phone Number: _____ **Fax Number:** _____

Email: _____

Will alcohol be served? Yes No (please circle)

ADD TO BOOKING

								Office use only
Venue Required	Purpose of booking	Number of Participants	Day	Start Date	End Date	Time From	Time To	Date Invoiced

DELETE BOOKINGS

								Office use only
Venue Required	Purpose of booking	Number of Participants	Day	Start Date	End Date	Time From	Time To	Date Invoiced

SIGNATURE

Completed by (Signature): _____ **Date:** _____

Office Use Only

Booking No. _____ Booking Entered by _____ Date _____

Confirmed By (staff member) _____ Date _____