



Booking Request

Please fill this form in Black Ink and use CAPITAL LETTERS.

Please fill in as much information as possible. If you are not certain about specific items please state clearly that the information is "approximate" or "to be confirmed by (name of person)".

1 EVENT TITLE

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2 CONTACT DETAILS

This information is required for confirmation of the Event Details and for Billing.

Full Name(s):	Address:
Home Telephone:	
Mobile Phone:	Invoice Address: <i>(if different to above)</i>
Email:	

3 OUTLINE OF PROPOSED EVENT.

This information is indicative and will be used to prepare a quotation for the Event.

3.1 Dates, Times & Numbers

Date required:	Start Time:	End Time:
Type of Ceremony:	Start Time:	Number of Guests:
Have you confirmed the Ceremony with the Registrar / Church		Yes / No
Wedding Breakfast:	Start Time:	Number of Guests:
Reception	Start Time:	Number of Guests:



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3.2 Marquee Hire

Approximate size:	
General Colour Scheme:	
Catering Tent required:	Yes / No (size)

3.3 Catering:

Drinks: (On Arrival / After Ceremony)	Champagne Bucks Fizz Juice	No of Guests:
Canapés: (On Arrival / After Ceremony)		No of Guests:
Wedding Breakfast: (Buffet, Waiter Service, Number of Courses) (Drinks on table / Waiter Service)		No of Guests:
Evening Reception: (Buffet, Waiter Service, Number of Courses)		No of Guests:

4 COORDINATION TIMETABLE

Next meeting: