



Function Booking Form

Booking Reference Number: **Click and insert**

Facility Department Contact Details: _____

Company Name: _____

Event Title: _____

Start Date/Time: **Click & insert**

End Date/Time: **Click & insert**

Total number of Days: **Click & insert**

CONTACT DETAILS

Course Organiser, Name: _____

Office/Department: _____

Telephone Number: _____

Email address: _____

EVENT REQUIREMENTS

Training Room: **Y/N** No. of rooms required: **Insert** No. of Attendees: **Insert**

Conference Room: **Y/N** No. of rooms required: **Insert** No. of Attendees: **Insert**

Audio Visual Unit: **Y/N** Projector: **Y/N** Flipchart: **Y/N** Podium & Microphone: **Y/N**

Other details: _____

FOOD & BEVERAGE REQUIREMENTS:

Tea/Coffee: **Y/N** Time of Breaks: **Insert**

Water: **Y/N** Sandwiches: **Y/N** Biscuits: **Y/N** x Number of Pax **Insert**

Food Requirements: **Y/N** if Yes, please enquire for copy of our Banqueting and food options.

OTHER REQUIREMENTS:

BILLING DETAILS:

Name and full address of accounts office: _____

Telephone No. : _____

Email address: _____

WESTMANSTOWN CONTACT DETAILS

Reservation Taken By: _____

Date: _____

Fastbook booking Confirmation Booking reference number: **Insert**

Date Confirmation emailed through to Client: _____

Date Security Booking Deposit Received: _____

Date Club Terms & Conditions signed and accepted: _____