



**GALLEON**  
centre

Scottish Charity Number: SC008314  
Trust Established 1985

## SPECIAL EVENT/EXTENDED LET BOOKING FORM

99 Titchfield Street, Kilmarnock, Scotland KA1 1QY  
Tel: 01563 524014 Fax: 01563 572395  
Email: adminoffice@galleoncentre.com  
Web: www.galleoncentre.com  
www.facebook.com/galleonleisurecentre



Customer Name:			
Address for Correspondence:			
Tel. No. Day:		Tel. No. Evening:	
Email Contact:			
Proposed Use or Event:			Estimated Attendance
		Adults:	Children:

### DETAILS OF RECREATIONAL REQUIREMENTS

(please note if making a block booking ensure you complete a start and end date for your booking)

DATE(S) FROM	DATES(S) TO	TIMES FROM	TIMES TO	FACILITY REQUIRED

### DETAILS OF CATERING REQUIREMENTS

DAY	DATE	TIMES FROM	TIMES TO	NUMBER	TYPE OF CATERING

### SPECIAL EQUIPMENT/SPECIAL REQUIREMENTS

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### PAYMENT METHOD

CASH	<input type="checkbox"/>	CHEQUE	<input type="checkbox"/>	INVOICE	<input type="checkbox"/>	CREDIT/DEBIT CARD	<input type="checkbox"/>	(please tick applicable)
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I hereby apply for the use of the facilities detailed above and undertake that the Conditions of Hire, a copy of which is available on request, are properly observed and that we accept responsibility for same. The appropriate charges will be paid on request.

Signed:..... Date: .....

### FOR OFFICIAL USE ONLY

Duty Manager:		Facility Hire:	£	Date Received:	
Catering Department:		Catering Costs:	£	Date Replied:	
Reception:		Other Costs:	£	Booking Ref No:	
Administration:		Total Cost:	£	Receipt Ref No:	

**PLEASE RETURN COMPLETED FORM TO THE ABOVE ADDRESS CONFIRMATION  
OF YOUR BOOKING WILL BE FORWARDED TO YOU IN WRITING**

