



SPECIAL EVENT/EXTENDED LET BOOKING FORM

THE GALLEON CENTRE
99 TITCHFIELD STREET
KILMARNOCK
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Scottish Charity Number SC 00 8314 Trust Established 1985

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	TIME FROM	TIME TO	NUMBER	TYPE OF CATERING

SPECIAL EQUIPMENT/SPECIAL REQUIREMENTS

PAYMENT METHOD
CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> INVOICE <input type="checkbox"/> CREDIT/DEBIT CARD <input type="checkbox"/> (please tick applicable)

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



VISIT SCOTLAND

admingen/forms/el-sebookingform 02.05.12