

**CARRONVALE HOUSE
CONFERENCE & RECREATION CENTRE**

FUNCTION/ACCOMMODATION BOOKING FORM

Ref. : _____

Name of Organisation: _____

Title of Meeting: _____

Event Organisers Name: _____

Telephone: (Day) _____ (Evening) _____

Email: _____ Fax: _____

Contact Name on Day: _____

Organisations Address: _____

_____ Post Code: _____

Name & Address for Invoicing: _____

_____ Post Code: _____

Numbers Attending: Residential - _____ Non Residential - _____

Date of Arrival: _____ Date of Departure: _____

Estimated Time of Arrival: _____ Estimated Time of Departure: _____

Package: _____ Cost per person: _____

Equipment Requirements: _____

Special Requests: _____

Deposit £ _____ enclosed Yes No

Cheques should be made payable to THE BOYS' BRIGADE

I have read the terms and conditions of booking.

SIGN: _____ DATE: _____