

BELFAST HARLEQUINS



EVENTS BOOKING FORM

ORGANISER'S INFORMATION

Organiser's Name	
Organisation (if applicable)	
Organiser's contact telephone no	
Organiser's contact E-mail address	
Endorsing Member's name (if applicable)	

EVENT INFORMATION

Event Name & Description			
Event Date(s)		Estimated No. of guests	
Event Start Time		Event finish time	
Ticketed event?	Y/N		

CATERING REQUIREMENT

Food (menus available on request)	Y/N	Tea/Coffee	Y/N	
Scones/tray bakes	Y/N	Table water	Y/N	
Bar facility	Y/N	Late Licence	Y/N	
Further details of requirements				

OTHER REQUIREMENTS

Projector	Y/N	Lectern	Y/N	
Notepads/pens	Y/N	Flip Chart	Y/N	
Seating layout (circle choice)	Cabaret	Boardroom	Theatre	
Other relevant information or requirements				

Please return all completed forms to the Club Office and retain a personal copy. For further enquiries regarding an event or availability of facilities, please contact:

Bernie McGrath 07710 819171 or Mark McGrath 07843 815121

amarc@btconnect.com

TO BE COMPLETED BY GENERAL COMMITTEE

Date of General Committee approval		Signature	
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