

FUNCTION AND EVENTS
BOOKING FORM 2010

REQUESTED DATE OF BOOKING:	
PERSON AND OR COMPANY BOOKING FUNCTION:	
<u>INVOICE</u> NAME AND ADDRESS: (Please state where the invoice is to go to)	
ORDER NUMBER	
CO-ORDINATOR ON EVENT DAY:	
TELEPHONE NUMBER:	
MOBILE NUMBER:	
EMAIL ADDRESS:	
NUMBER OF PEOPLE:	
TIME'S OF ROOM HIRE:	

ROOM DETAILS

<i>FUNCTION ROOM</i>	<i>£ PRICE</i>	<i>TICK</i>
WATERSIDE ROOM – Section 1	£72 all day £46 ½ day	
Section 2	£72 all day £46 ½ day	
Whole Room	£165 all day £115½ day	
TOWER ROOM	£97 all day £72 ½ day	
EVENTS ROOM	£87 all day £62 ½ day	
CLASSROOM 1/2	£105 all day £66 ½ day	
ISOBAR PRIVATE	£60 (selected dates only)	
PROSPER ROOM	£87 all day £62 ½ day	
FAMILY ROOM	£75 all day £55 ½ day	
OTHER: please specify –		

LAYOUT – (please circle)

BOARDROOM THEATRE CABARET BANQUET U-SHAPED
PARTY OTHER – PLEASE SPECIFY

Please specify _____

Booking Notes (Please include dietary requirements)

EQUIPMENT REQUIRED

<i>EQUIPMENT</i>	<i>£ PRICE</i>	<i>TICK BOX</i>
COMPUTER PROJECTOR UNIT	£50	
TV / VCR / DVD PLAYER	£35	
FLIPCHART AND PENS	£3.60	
OHP AND SCREEN	Free	
EXTENSION LEADS	Free	
SLIDE PROJECTOR	£30	
OTHER		

CATERING REQUIREMENTS

ITEM	£ PRICE	TIMES	NO. OF PEOPLE
T / C / B	£1.15		
T/fresh filter C/B	£1.55		
T/ C / PASTRY	£2.15		
T / C / MINCE PIES	£2.15		
ORANGE JUICE (approx 8 glasses)	£4.10 per jug		No of Jugs:
PERRIER WATER	£2.55 per bottle (Ltr)		
BACON ROLL	£2.10		
FRUIT BOWL (8 pieces)	£4.10		
PACKED LUNCH	£4.55		
BOSUN'S BUFFET	£7.15		
CAPTAINS BUFFET	£9.60		
ADMIRALS BUFFET	£15.70		
BBQ	£10.60		
JUST SANDWICHES	£4.10		
OTHER (please specify in booking notes)			

How did you hear about the Mount Batten Centre? Existing customer, TV, radio, newspaper, word of mouth/recommend, MBC website, brochure, poster, leaflet, advertisement.

I have read and am signing (or typing my name on e-mail copy) to accept the terms and conditions of this booking and I understand that this booking is not confirmed until I have received confirmation from the Centre.

SIGNATURE:

(Your typed name in e-mail correspondence confirms your acceptance of the terms and conditions)

NAME (PLEASE PRINT):

DATE:

Please note that if you do not know the particulars of your booking your room cost will be taken as deposit. If you know the full booking details the deposit will be 25% of the final bill. If you would like us to invoice you in full please state this in the notes section of this booking form.

OFFICE USE ONLY

PAYMENT RECEIVED NO/s:

INVOICE NO/s: