



A.B.A.C. Leisure Limited Room Booking Form

We accept::



Name _____ Address _____ _____ _____ _____	Telephone M: _____ H: _____ W: _____
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Booking Details *(Purpose of Booking):*

Time Facilities Required*		*The times stated must be the actual times you wish to gain access to and vacate the room.	
	From	To	Room
Hall			
Bar			

Date of Function: Approx Number of Guests: Arrival Time:

Name of Group / Disco Arrival Time of Group / Disco:

Special Equipment or Drinks Required (See Wine List - Wine/Sherry/Spirits.) *(If Applicable):*

If necessary, please indicate room layout required on reverse of this sheet.

Catering/Refreshments Required:

1 Arena Buffet Menu	<input type="checkbox"/>	Name of Caterer: <input style="width:150px;" type="text"/>
2 Private Catering	<input type="checkbox"/>	
3 Self-Catering	<input type="checkbox"/>	
4 No food function	<input type="checkbox"/>	

Signature: _____ Date: ____/____/____

Booking Conditions

A deposit of £50 will be required with the completed booking form.

This will be fully refundable if:

- No damage occurs to the building, furniture, fixtures and fittings, crockery or glasses.
- Your estimate on the number of guests attending is within 30 of your original notification. Any additional staffing costs caused by the numbers being incorrect will be deducted from your deposit.
- All drinks, including self-catering functions are purchased from the Arena.

Deposits are not refundable in the event of any cancellation on your behalf.

A complete Guest List is required at least 48 hours prior to your function.

Please remember to inform your guests that use of both our parking facilities and premises is at their own risk.

For Office Use Only	
Deposit Paid	Yes <input type="checkbox"/> No <input type="checkbox"/>
Breakages	Yes <input type="checkbox"/> No <input type="checkbox"/>
Extra Staff	Yes <input type="checkbox"/> No <input type="checkbox"/>
Deposit Refunded	Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes:	