

WHISTON VILLAGE HALL

Booking Form for Bar Services

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|---|-----------------------|------------------|--|
| HIRER | | | |
| ADDRESS | | | |
| TELEPHONE NUMBER | | | |
| FUNCTION DATE | | | |
| TYPE OF FUNCTION | | | |
| No. of GUESTS | | AGE GROUP | |
| BAR REQUIRED FROM (TIME) | | | |
| SIGNATURE | | | |
| DATED | | | |
| FULL NAME (Mr / Mrs / Miss / Ms.) | <i>(Please print)</i> | | |

To discuss your bar requirements, please telephone

The Drop Inn Bar - 07814 438411.

Or send the completed form to :

donna.maguire@me.com