LAWSON BOWLING CLUB LTD

Tel 47591417 – Fax 47591564 email:info@lawsonbc.com.au

APPLICATION FOR BOOKINGS – FUNCTION ROOM

SUBJECT TO WRITTEN CONFIRMATION FROM LAWSON BOWLING CLUB

DATE:	……
	……
FROM: NAME:	……
ADDRESS:	……
TOWN/P/CODE:	……
CONTACT PH NO:	……
REQUIRED DATE:	……
DAY:	……
TIME FROM:	……..AM/PM
UNTIL:	……..AM/PM
NUMBER OF PEOPLE ATTENDING:	……
MINORS UNDER 18:	YES / NO
EVENT:	……
TABLE SERVICE:	YES / NO
OTHER INFORMATION: (ie. Own catering/ Casey)	……
	……

OFFICE USE:

FUNCTIONROOM FEE:	$……..…
KITCHEN FEE:	$…….
TABLE SERVICE CHARGE:	$…….
LATE CLOSE FEE	$…….
SECURITY FEE	$…….
DEPOSIT: (REFUNDABLE)	$ 50.00
TOTAL CHARGE:	$…….
FULL PAYMENT REQ'D BY	…/……/…….

AUTHORISED: ……
DATE: ……/……/…….
LETTER OF CONFIRMATION……/……/……..

DATE
PAYMENT RECEIVED: ……/……/……

AMOUNT: $……CASH/CHQ

RECEIPT NO : ……..……

SIGNED:…….

OFFICE USE
DATE DEPOSIT REFUNDED:……

AMOUNT: $……

CHEQUE NO…….