Name:

**Vale of Leven & District Angling Club**

**Function Suite Booking Form**

Address:

Post Code:

Mobile:

Email:

Date of function:

Type of function:

Approx. number attending:

Name of sponsor:

Date:

Additional Information

* A donation for use of the hall is payable in advance of the function
* The completed form should be emailed to [stephen.squires@ymail.com](mailto:voldacweb@gmail.com) or returned to the Secretary by your sponsor in a sealed envelope
* No liability will be accepted by the club for missing booking forms (E.g. left behind the bar)

**Secretary**

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**Booking Confirmation (to be completed by the Secretary)**

Booking confirmed (Yes / No):

Signed:

Date: