

**Group / Christmas Party Booking Form. Please complete this form and fax it to 01 2933804**

Contact name: \_\_\_\_\_

Booking name: \_\_\_\_\_

CLIENT CONTACT DETAILS

TELEPHONE NUMBER \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_

EMAIL \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

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BOOKING DETAILS

DATE OF BOOKING \_\_\_\_\_

TIME OF BOOKING \_\_\_\_\_

NUMBER OF GUESTS \_\_\_\_\_

DEPOSIT (€10 PER HEAD) € \_\_\_\_\_

MASTERCARD VISA LASER MAESTRO

CARDHOLDERS NAME \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

CVV NUMBER (LAST 3 DIGITS ON BACK OF CARD) \_\_\_\_\_

EXPIRY DATE \_\_\_\_\_

CARD HOLDERS SIGNATURE \_\_\_\_\_

PLEASE NOTE THE FOLLOWING TERMS AND CONDITIONS

The booking is not confirmed until the deposit is paid. Christmas cancellations must be made before December 1. All other cancellations must not be later than 5 days prior to the booking. Any cancellation after this date/time will result in loss of the deposit.

We must have confirmation of the final number of guests prior to the booking.

An increase in numbers is subject to availability.

The deposit paid will be deducted from the bill.

I have read and agree to the terms

SIGNED \_\_\_\_\_

PRINT NAME \_\_\_\_\_