

## *Room/Event Booking Request Form*



# WORTHING PAVILION BOWLING CLUB LTD

Date(s)		
Start/Finish time(s)		
Preferred location (if known)		
No. of attendees		
Title of the event		
Details of the event		
Contact Person		
Invoicing details (please include a contact name, phone number and address)		
Catering Required (Y/N)	Type:	
Details of facilities required		
Requested by (name and date)		
Worthing Pavilion Officer only Confirmed/ Rejected DATE:	Signature.	Print Name

Copy Passed to the Bar  
Copy Passed to Temptations

initial  
initial