

WANAKA BOWLING CLUB
FACILITY BOOKING INFORMATION

Date & Time Required:.....

Arrival Time to set up:.....Finishing Time:.....

Type of Function:.....

Will you be bowling: Stadium: (Yes) (No) or
 Outside rink: (Yes) (No)

Name of Organisation/Group:.....

Address:

.....

Contact Person:.....

Contact Phone No:.....

Email:.....

Expected number of people in group:.....

Use of Kitchen: (Yes) (No)

Use of BBQ: (Yes) (No)

Bar Requirements: (Yes) (No)

How will you be paying:

I acknowledge that I have read and understand the attached Terms and Conditions.

Please sign:

Booking Liaison Officer
Margaret Young

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