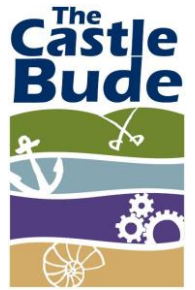


The Castle Bude
The Wharf
BUDE, EX23 8LG

01288 357302

thecastle@bude-stratton.gov.uk



Booking Form

Name of Organisation/Organiser:

Date Required:

Person accepting booking responsibility:

Responsible Person's Address:

Post Code:

Email:

☎ Mobile:

☎ Work:

☎ Home:

Room/s required: Willoughby Gallery Blanchminster Room Café Limelight
 Castle Grounds *[Please tick as appropriate]*

Session/s required: Morning Afternoon Evening *[Please tick as appropriate]*

Purpose of hire: Commercial/Private Non-Commercial *[Please tick as appropriate]*

Required from: Start time:

Finish time:

Number of people:

Room Hire Rate:

Booking Extras & Costs	Booking Extras & Costs
	<hr/> <p>Total:</p>

Deposit Paid:

Date:

Balance due:

I hereby confirm that I have read the Conditions of Hire and agree to abide by the said Conditions.

Signature of responsible person:

Please print name:

Date:

For Office Use Only

Date booking made:

Staff initials:

Outstanding Balance to be invoiced:

Date Invoiced: