



**WANAKA BOWLING CLUB
FACILITY BOOKING INFORMATION FOR SOCIAL BOWLING EVENTS**

Date & Time Required:.....

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

Type of Function:.....

Bowling is available: 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)

 Payment by bar tab: () or Individually ()

Payment: By EFPOS on night: ()

 By Invoice emailed ()

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

Please sign:

For more information visit our website www.wanakabowls.org

Contact: Booking Liaison Officer Margaret Young
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