Event booking form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | Address: | | |  | | | | |
|  | | |
| Venue: |  | | | | | | |  | | |
| Date & Times: |  | | | | | | |  | | |
| Number of guests: |  | | | | | | |  | | |
| PA Hire: | Yes/No | | Lighting Hire: | Yes/No | | | | Disco: | | Yes/No | | | Karaoke: | | Yes/No |
| Band Required: | Yes/No | | If Yes what style of band? | | |  | | | | | | | | | |
| Projector Required: | Yes/No | | Projector Screen: | | | Yes/No | | | Microphones: | | | | | Yes/No | |
| Details : *(Please use this space to give further details of the event that you have planned & anything else that you require that’s not specified above)* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Price of Event: | £ | | | | | | Deposit Paid: Yes/No £  *(for office use only)* | | | | | | | | |
| Cancellation Fees: | Up to 1 week before event:  1 week to 48 hours:  48–24hrs:  24-12hrs:  12hrs or less: | | | | | | No charge  10% charge  25% charge  50% charge  100% charge | | | | | | | | |
| This form confirms that Limitless Events will provide equipment, sound, lighting and entertainment for the price mentioned above. Full payment must be paid at the beginning of the Event. Thank you for choosing us! | | | | | | | | | | | | | | | |
| **I have read this form through thoroughly and completed where I needed to. I hereby agree that all information on this form is correct and I accept all conditions** | | | | | | | | | | | | | | | |
| Customer Signature: | |  | | | Date: | | | | | | |  | | | |