



Events Booking Form



Contact Name: _____ Phone #: _____

Type of event: _____

Date of event: _____

starting time: _____ Finishing time: _____

Organization:

☐ Government/
Company

☐ Private

Set up:

☐ Board room

☐ Theatre

☐ Other: _____

☐ U-shape

☐ Cocktail

☐ Banquet

☐ Classroom

Items requested

1. _____
2. _____
3. _____
4. _____
5. _____

Payment Details

Deposit required \$200, non refundable is you cancel

Payment method: ☐ Cheque ☐ Cash ☐ Credit/Debit Card

Purchase order number: _____

Credit card number: _____ Exp: _____ Ccv: _____

Name on card: _____

☐ ***I authorized the credit card to be charged the \$200 non refundable deposit, and the outstanding amount for my event.***

Signature