Function Date:					
Type of Function:					
Contact Name:					
Contact Address:					
Telephone Numbers:					
Name of Member connected to booking:			Relatio	nship:	
Clubhouse Venue (Please tick area of choice):	Ailsa Craig Suite (Dinner Only)	Lou (Include	ower Upp bunge Lour des Dance Floor)		All of Club Lounge (Only bookings with capacity of 110+ will be accepted for this area)
Arrival Time and Duration of Function:		N	umber o	f Guests	L
Entertainment Booked by Party: (Name of Group/Band/DJ etc) OTHER INFORMATION:					

Please return this form completed to Nicola Greene, Secretary Manager, Carnalea Golf Club, Station Road, Bangor, Co Down, BT19 1EZ. Tel: 028 91 270368 Fax: 028 91 273989 Email: lnfo@carnaleagolfclub.co.uk

Office Use Only

Office ose Offig				
Raised at Council Meeting:	Passed:	Confirmed by	Late Licence	Action:
		Letter:	Request	
i				