



IPSWICH TURF CLUB

STANDARD FUNCTION BOOKING FORM

Please return this form with your deposit.

I wish to confirm the booking for my function as previously discussed, and submit the following information.

Day & date of function _____

Room required Eye Liner Lounge Jibboom Lounge
Other _____

Guest Arrival Time _____

Approx. No of guests _____

Menu Selected _____

Function Organisers Contact Details

Name _____

Postal Address _____

Home _____

Work _____

Mobile _____

Email _____

Final numbers and payment is required 7 days prior to your function.
All deposits will be deducted from the balance.

I, the undersigned, accept the full terms and conditions relating to functions at the Ipswich Turf Club which are outlined in the general booking information.

Please sign & date

Sign _____ Date _____

Name _____

Ipswichturfclub

