



**RESERVATION FORM**

FULL NAME:

DATE OF EVENT:

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VENUE:

VENUE ADDRESS:

VENUE CONTACT NAME:

VENUE TELEPHONE NUMBER:

START TIME:

END TIME:

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YOUR FULL ADDRESS:

HOME PHONE NUMBER:

MOBILE PHONE NUMBER:

EMAIL ADDRESS:

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ADDITIONAL INFO:

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DEPOSIT PAID/ENCLOSED:

DATE:

I READ & AGREED TO TERMS & CONDITIONS SIGNATURE:

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Deposit £100 is non refundable and balance to be paid 30 days prior to the event. This contract is subject to our standard terms and conditions available on request. Please make cheques payable to M I Potter. We will contact you 4-6 weeks prior to the event to arrange a consultation if required. If you do not receive confirmation by email please contact us to ensure the booking has been confirmed. We may use pictures or video for promotional use please tick this box if you do not agree to this

Mr M I Potter

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