

Venue Hire | Booking Enquiry Form



CONTACT DETAILS

Name of hirer: _____

Address: _____

Tel: Work _____ Home: _____ Mobile: _____

Email: _____

BOOKING INFORMATION

Name of Venue: _____ **S. H. ERVIN GALLERY** _____

Date: _____ Start Time: _____ Finish Time: _____

Estimated Number of Guests: _____

Event Options (please tick items which apply):

Venue Option	Please Tick	Fee	Sub-total
Gallery – cocktail function	<input type="checkbox"/>		
Gallery – lecture	<input type="checkbox"/>		
Gallery – dinner	<input type="checkbox"/>		
		Total Amount:	



OTHER INFORMATION

Entertainment or Music: _____

Photographer: _____

Catering: _____

Special Requirements: _____

Date booking taken: _____ Taken By: _____

PAYMENT DETAILS (To be completed on confirmation of booking)

Cheque Cash MasterCard Visa Bankcard

Name on card: _____

Card Number: _____

Verification Number: _____

Expiry Date: _____

Signed: _____

Date: _____

Thank you for booking your event with S. H. Ervin Gallery!

OFFICE USE ONLY

Deposit Paid: Amount: _____ Receipt No: _____

Balance Paid: Amount: _____ Receipt No: _____