

WANAKA BOWLING CLUB FACILITY BOOKING INFORMATION FOR SOCIAL BOWLING EVENTS

Date & Time Required:				
Arrival Time to set up:	F	inishing	g Tim	e:
Type of Function:				
Bowling is available:	Stadium: Outside rink:			
Name of Organisation/Gro	oup:			
Address:				
Contact Person:				
Contact Phone No:				
Email:				
Expected number of peop	le in group:			
Use of Kitchen: Use of BBQ:	(Yes) (. ,		
Bar Requirements: Payment by bar	•	-	lly ()
Payment: By NZ EFTPO: (Credit Card Charges appremailed ()	oly)	()		By Invoice
I acknowledge that I have	read and under	stand tr	ne att	ached Terms and Conditions.
Please sign:				
For more information visit	our website <u>ww</u>	w.wana	kabo	wls.org
_	Booking Liaison Officer Kathryn Mitchell Mobile Phone: 0274437950			

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