

STUDLEY SPORTS AND SOCIAL CLUB

Function Room Booking Form

Both sides of this form must be completed for use of the room, no booking will be confirmed until the fee is paid and the correctly completed form is received.

Full name of person boo	king the room:		
Address:			
		Postcode:	
Telephone Number:		Mobile:	
Date and Times room is	required: Date:	From:	To:
Reason for use of room (Estimated Number of Gu			
Time access is required	(if different from above	for preparation etc:	
Do you require the Club	to provide entertainme	nt: YES/NO if Yes, what	?
Do you require the Club	to provide catering: YE :	S/NO if Yes, what?	
refunds will be solely at I wish to book the and the £100.00 depose person attending the fucosts involved in making person will smoke, or value, celotape and blue outside, noise is kept to	refundable. If the boothe discretion of the Content	oking is cancelled, due mmittee. The purpose stated and hat if any damage is continuous my deposit and could will ensure that whilst ion Room. Decorations we walls is not allowed.	to exceptional circumstances thereby pay the fee of £60.00 aused at the premises by any be invoiced for any additionathe function is in progress not are permitted but the use of I will also ensure that whils arby residents.
Signed:		Date:	
Print Name:			
FOR USE BY MANAGEMI	ENT		
AMOUNT:	RECEIPT NUMI	BER:	DATE:
RECEIVED BY:	PAYMENT	METHOD:	

GENERAL DATA PROTECTION REGULATIONS (SERVICE) CONSENT TO HOLD CONTACT INFORMATION

I agree that I have read and understand Studley Sports and Social Club's Privacy Notice. I agree by signing below that the Club may process my personal information providing information and corresponding with me.

I agree that Studley Sports and Social Club can keep my contact information data for an undisclosed time until I request its removal.

I have the right to request modification on the information that you keep on record.

I have the right to withdraw my consent and request that my details are removed from your database.

Name	
Date of birth if under 18	
Parental/Guardian	
Consent for any data	
processing activity	
Address	
Telephone Number	
Email Address	
Facebook	
Twitter	
Signature	
Date	
	Bank Details for return of deposit by Bank Transfer
Name of Account Holder	
including title (Mr/Mrs	
etc)	
Name of Bank/Building	
Society	
Sort Code	
Account Number	