



**BASE 4 - BOOKING FORM  
JENNY COLE CONFERENCE ROOM  
1-16 PAX**

JC-01-10

Please complete this form and fax to Club Admin on 0861 393 272 or email to fwdcsa@icon.co.za with the attached signed Indemnity

**SURNAME AND INITIALS:**

**MEMBERSHIP NUMBER:**

**CONTACT NUMBER:**

**DATE/S REQUIRED:**

**TYPE OF MEETING:**

**TIME OF MEETING:**

**FULL PAYMENT MUST BE MADE ON CONFIRMATION OF  
AVAILABILITY OF VENUE TO SECURE BOOKING**

CLUB MEMBERS PER DAY	CORPORATE PER DAY	NON MEMBERS PER DAY
R350	R1500	R700

**INSERT**

**EXTRA COSTS NOT INCLUDED IN VENUE HIRE**

Y/N:	FLIP CHART	R50 PER DAY	R	-
Y/N:	PROXIMA PROJECTOR	R150 PER DAY	R	-
Y/N:	SCREEN	R20 PER DAY	R	-
Y/N:	TEA/COFEE	R10 PER PERSON P/D	R	-
	VENUE HIRE		R	-
	<b>TOTAL DUE</b>		R	-

TOTAL NUMBER OF VEHICLES EXPECTED

...../...../20.....

SIGNED

DATE