



EVENT BOOKING FORM 2025

BASIC I	NFORMATION)	
Name		
Phone Number	Email	
Person Responsible for Payment		
		_
EVEN	T DETAILS	_
Event Name	Event Type (please mark with "X")	`
	Golf Day	
Event Date	Corporate	
	Other	
Event Start Time		
Event End Time		
Event Liid Time		
Number of attendees		
		_
VENU	E DETAILS)	_
Room Required:	Technical Set-up:	
Conference Room with projector	Whiteboard	
& audioRoom 2 (no audio and visual)	Flip Chart	
Room 3 (no audio and visual)	Projector	
Rooms 1-3 AND bar	Screen	
Dancing:	O PA System	
○ Vee ○ Ne		

			ET-UP STYLE
) Di	ning (8 seate	r round tables)	
) Co	orporate:		
		- Shape	
		heatre	
		lassroom	
	<u></u> В	oardroom	
	O	ther	
	If	other, please sp	pecify:
			CATERING
and	d/or queries.	s:	d jana@bellvillegolf.co.za with any request. ion you are interested in.)
(Pie	Breakfast	Time served:	ion you are interested in.)
\bigcirc	Lunch	Time served:	
\bigcirc	Dinner	Time served:	
\bigcirc	Snacks	Time served:	
All of the above: Please specify below each time a course should be served:			
_			
Die	etary Require	ements:	
red no	quires Halal/Ko tify Bellville Go	osher food, crock	b is not Halal/Kosher. In the event where the client kery and cutlery, it is the client's responsibility to ior to your function. The client can make use of the elow to specify.
All	lergies:		
			nt's responsibility to notify Bellville Golf Club of any can make use of the "Other Requests/Details" page

below to specify.

OTHER REQUESTS/DETAILS

CONTACT INFO

Please send the completed form via email to jana@bellvillegolf.co.za & albert@bellvillegolf.co.za



jana@bellvillegolf.co.za albert@bellvillegolf.co.za



021 913 3100