



# BOOKING FORM

The Watermark

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Day & Date (s) Required				
Title of Meeting/Event				
Contact Name:				
Address:				
Telephone Number:				
Email:				
Invoicing Address:				
Your PO /payable ref <i>(if applicable)</i>				
Name of Room(s) required:				
Number Attending:			Set up arrival time:	
			Meeting start time:	
			Departure Time:	
Room layout:				
Equipment required:				
Tea/coffee & biscuits: Fairtrade tea/coffee Fresh ground coffee Danish pastries Bacon/sausage baps Cream & Jam Scones	No. of people	Times of service		
Menu option (number)			Time of food service	
Any special food requirements				
Additional notes				
I agree to the terms and conditions of hire and any special conditions stated in the letter of confirmation and subsequent correspondence. I am over 18 years of age.	Signed		Date:	
We keep your details on our data base to inform you of our products and services. Please tick the box if you do <b>not</b> wish us to do so. We will not pass your details to any other organisation or third party.				