CROMARTY CINEMA BOOKING FORM

Harbour Access Road, Cromarty, IV11 8XZ Email: info@cromartycinema.com

	nowcromartycinema.com
Contact Details (of main person in your	party)
Name	
Address	
Email	
Tel	
Mobile	
Organisation (if applicable)	
Organisation (if applicable)	
Booking Details	
Date Required	
Times Required (3-hour minimum hire)	
,	
Description of activity being held (e.g.	'
birthday; private celebration; club event	
conference, etc)	
of the Terms and Conditions of Hire (att your reference. Please note that it is your responsibility console and games, and ensure that this I agree to abide by the Terms and Conditundertake to ensure that everyone attemprecautions.	ons of Hire as laid down by the Cromarty Cinema and ling the event is made aware of all health and safety
Signature	Date
Susan Christie, c/o The	curn the completed form to: Retreat Church Street, Cromarty IV11 8XA. By Email: susechristie@googlemail.com
For all the second	
For office use only:	
Booking Confirmed	
Date of Booking	

Rate Agreed