## **Ballymoney Rugby Football Club**

Ballymoney RFC 63 Kilraughts Road Ballymoney BT53 7HL



For Office Use:	
Paid: Kitchen ☐ / Room ☐ / Late Licence ☐	
Approved:	

Tel. (028) 2766 2991

## **Application for Use of Club Premises**

Date:

Details of Applicant		Club Member Contact	
Name:		Name:	
Address:		Address:	
Tel.:		Tel.:	
Mobile:		Mobile:	
<b>Details of Function</b>			
Proposed date (please give	alternative dates if possible	)	
Start Time		End Time	
Purpose of Function			
Type of Entertainment (disc	o, quiz, band, etc.)		
Number Attending:		Admission / Ticket Price:	
Type of Catering (buffet, dir	nner, snack, etc.)		
Name of Caterer (if applicab	ole)		
Facilities Required (please tick all that apply)			
Function Hall		Bar	
Meeting Room		Kitchen	
Sports Pitches		Changing Rooms	
Showers		Late Licence	
Other (please specify):			
I agree to abide by the guidelines as laid out overleaf or any other restrictions as may be imposed by the Executive Committee of Ballymoney Rugby Club in relation to this application.			
Signature of Applicant:		Date:	

The completed application should be forwarded to "The Secretary" at the above address.

Note: Full payment must be enclosed with this application