

CARRONVALE HOUSE LARBERT RESIDENTIAL CONTRACT FORM

| Group/Organ | nisation Name: | | | |
|---|-----------------------------|---|--|--|
| Contact details: | | | Invoice Address: (if different) | |
| Contact Nan | ne: | | | |
| Address: | | | | |
| Talambana N | | code: | | |
| Mobile Numl | vumber: bor: | | - | |
| Fmail Addre | ss. | | | |
| Liliali / ladio | | | | |
| Dates: | Arrival: | Date: Date: | Time: | |
| | Departure. | Date | Time: | |
| Guest Num | bers: | | | |
| Number of b | | Quad/Triple/Twin: pancy in a twin room incur | Single: (*) rs a supplement (see current price list) | |
| Conference | room set up style | e: Boardroom/Theatre/Inf | ormal | |
| Lounge | | | | |
| Lecture Roo | m | | | |
| Conference | Room | | | |
| Board Room | ns | | | |
| Extra Add o | <u>on</u> | | | |
| Sports Hall | | | | |
| Astro Turf O | utdoor Pitch | | | |
| Catering times: Continental Breakfast: From 8am to 9am Lunch: From 12 midday to 1pm Dinner: From 6pm and no later than 7pm If you require meals outside of these times, please advise us directly. Dietary requirements & no's Vegetarian: Vegan: Gluten Free: Other: | | | | |
| 20% Deposit | t required to secure nt: | the booking: | | |
| Sign | | Date |) | |
| Please forw | vard all information | n to: info@carronyaleho | use co uk | |

Address: Centre Manager, Carronvale House, Carronvale Road, Larbert, FK5 3LH www.carronvalehouse.co.uk Tel: 01324 562 800