



BOOKING FORM

Client Name: _____ Event Date: _____

Client Address: _____

_____ Postcode: _____

Telephone No: _____ Mobile: _____

Email Address: _____

Booking Times: _____ Until _____ Gear Set by: _____ am/pm

Venue/Location: _____

Venue Address: _____

_____ Postcode: _____ (Must be included)

Package Agreed: _____

Agreed Fee: £ _____

Deposit Required: £ _____ (To be submitted with this form)
(Cheques should be made payable to
Limelight Theatre Entertainment)

**BY SIGNING BELOW, I CONFIRM THAT I HAVE READ THE TERMS AND CONDITIONS
(ATTACHED TO EMAIL OR INCLUDED WITH FORM):**

Client Signature: _____

Where did you hear All About Tributes? _____

Please complete this form and send with your deposit to:

**All About Tributes
13 Church Street
Rastrick
Brighouse
West Yorkshire
HD6 3NF**

If you have any queries please call: **07988 890317**
Or email: **info@AllAboutTributes.co.uk**