**Catering Application Form**

|  |  |
| --- | --- |
| **Company Name** |  |
| **Your Name**  |  |
| **Telephone number**  |  |
| **Email address**  |  |
| **Website & / or Social media account details**  |  |

**Quotation**

|  |  |  |
| --- | --- | --- |
|  | **Dinner Dance** | **Show Day** |
| **Cost per person including VAT** |  |  |
| **Comments**  | *e.g. how many staff you would expect to cover this event?* | *e.g. how many staff you would expect to cover this event?* |
| **Suggested Menus (attach)** |  |  |

**About you**

|  |  |
| --- | --- |
| **About your company**  |  |
| **Food hygiene rating (provide copy)** |  |
| **Please detail what insurance liability policies you have (provide copies)** |  |
| **Booking requirements**  |  |
| **Other**  |  |

**Please complete and return to Jo Coxford - email:** **membersenclosure@theaylshamshow.co.uk**

**by Saturday 16th November 2024.**