BOOKING FORM & PAYMENT SLIP

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| --- | --- |
| Contact Name: ………...………………………….……….……. | Contact Telephone: ………...………………………….……….……. |
| Home Address ………...………………………….……….……. | Contact E-Mail Address: ………...……...……………………….…………  (contact details are not given to any third parties for marketing purposes etc) |

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|  | Full Name of Guest  *(please include title and/or Masonic title)* | Special Diet  Required  *(e.g. vegetarian)* | | Menu Option (please confirm your choice for each course with the number assigned on the attached menu) | | | | | | | | Package Required *(e.g. Full Weekend/Saturday night only/Banquet only)* | Room Required  *(e.g. double/twin/*  *disabled)* | To be seated with at banquet  (guest name(s), not just a Lodge name) | Ticket Price |
| Friday | | | | Saturday | | | |
| Starter | Main | Dessert | | Starter | Haggis | Main | Dessert |
| Room 1 |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
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| Room 2 |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
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|  | |  |  | | | | | | | | | | | | |
| Room 3 |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
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| Room 4 |  |  | |  |  |  | |  |  |  |  |  |  |  |  |
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|  | |  | |  |  |  |  | | | | | |  |  |  |
| **Payment method:** | |  | |  |  |  |  | | | | | |  | Total |  |

Bank transfer – B2E Square Events Management Ltd– Sort Code: 40-30-36 – Account Number: 03664244 – Reference: Your surname/Burns25

For payments by card please book online at [burnsweekend.co.uk](https://burnsweekend.co.uk/) or call 01202 400855