



Thomas Clement Douglas Community Café  
Camelon Community Project  
Abercrombie Street  
Camelon  
FK1 4HA  
Tel: 01324 501654

**HOSPITALITY AND BUFFET BOOKING FORM**

Contact Name: \_\_\_\_\_

Invoice Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Day Date and Time required \_\_\_\_\_

\_\_\_\_\_

Details of Hospitality/ \_\_\_\_\_

Buffet (and any special \_\_\_\_\_

dietary requirements) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No of People \_\_\_\_\_

Price Quoted (if any) \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_