Ice-Cream Bike Booking Form

First Name _____

Surname _____

House Name/Number _____

Street _____

City/Town/Village _____

Post Code _____

Email _____

Telephone _____

Date of event _____

Exact time of event (*i.e. when the bike is needed 2 – 4 pm*) _____

_____

Parking facilities (please circle) Yes

No

Unsure

Venue address _____

_____

Contact name/number at venue _____

Number of guests _____

Specials requirements (allergies etc.) _____

_____

Signed _____ Date _____