

MRE Group Ltd Enquiries / Booking Form

MIKE RUSS ENTERTAINMENTS UK



Entertainments Group LTD

Event Ref Number			
Clients Name			
Company Name			
Ent System Entry			
CLIENTS DETAILS			
Name			
Address			
Tel No			
Email Address			
TYPE OF EVENT			
		W <input type="checkbox"/>	E <input type="checkbox"/> ✓
DETAILS OF VENUE			
Name of Venue			
Contact Name			
Address			
Tel No			

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EVENT DETAILS				
Budget				
No of Guests				
Brief Requirements				
About The Event				
Dressing Room Avail	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Sound Equipment	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Lighting Equipment	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Proposed Times				
How many sets	2 x 45 min	<input type="checkbox"/>	1 x 60	<input type="checkbox"/>
Acts Refreshments	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Acts Meals	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Travel Exp	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Hote Accom	Y	<input type="checkbox"/>	N	<input type="checkbox"/>