



FRENCHMAN'S COVE

JAMAICA

VENUE RENTAL FORM

Kindly complete the below application BLOCK CAPITAL lettering

Name of Applicant: _____

Registered Address of Applicant: _____

Contact number of Applicant: _____

Email address of contact: _____

Date of Interest: _____

Area of Interest: _____

Type of Rental (Exclusive/Non-Exclusive): _____

Type of Event: _____

Time Frame of Rental to Include pre and post event: _____

Total Number of Expectancy(service providers, guests etc.): _____

Parking Facility Requirement(Number, location etc): _____

Will music be included at event?: _____

Will Smoking and Drinking be included at event?: _____

Will accommodation/s be required?: _____

Will additional security be employed for event?: _____

Please provide any additional information which will assist us to better serve you.

Signed:

Date

Insert Name above

STAMP/SEAL FOR ASSOCIATION/BUSINESS