



ART SPACE AT YOUR PLACE

BOOKING FORM

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CLIENT INFORMATION

NAME: _____

COMPANY (IF APPLICABLE): _____

ADDRESS: _____ EMAIL: _____

PHONE: _____

WORKSHOP INFORMATION

WORKSHOP DATE: _____

No. ATTENDEES: _____

START TIME: _____

COMMENTS/CONSIDERATIONS (e.g. parking)

WORKSHOP LOCATION: _____

FEES AND PAYMENT

WORKSHOP FEE: _____

DEPOSIT PAID: _____

TYGER and LAMB

BSB: 062-197

Acc No. 1106 9932

Bank Details
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(25% of balance if more than 1 month in advance; 50% of balance if less than 1 month in advance; balance due within one week of the workshop).

I/we hereby agree to pay the booking deposit in order to confirm the booking. I understand this fee is a non-refundable fee and the balance must be paid in full prior to or on the day of the workshop.

I/we hereby acknowledge that while Art Space at Your Place will take appropriate measures to reduce risk damage to personal property, there is an inherent risk of damage. Art Space at Your Place is not responsible for any loss and damage suffered as a result of this to any of the participating parties/their personal possessions. To the extent permitted by law, Art Space at Your Place excludes any liability, including any liability for negligence, misuse, property damage or any loss, including indirect or consequential damages arising from or in relation to the workshop or any of its related activities. I/we accept to abide by the conditions of booking for any third party location and indemnify Art Space at Your Place accordingly for any potential claims in relation to the third party and their property.

Client's Full Name

Client's Signature and Date

