AUDITÓRIO
FRANCISCO DE ASSIS
COLÉGIO LUSO-FRANCÊS

BOOKING FORM

FRANCISCO DE ASSIS AUDITORIUM

1 – Event Name:

_____

2- Promoter Entity:

_____

3 – Address:

_____

4 – VAT number:

_____

5 – Responsible person's name:

_____

6 – Email:

_____

7 – Telephone:

_____

Rua do Amial 478, 4200-055 Porto
tel: +351 228 347 150 | tlm: +351 927 337 967
email: auditorio@lusofrances.com.pt

8 – Date and time of assembly of the space (when you arrive at the auditorium):

_____

9 – Date and time of the end of disassembly (when you leave the auditorium):

_____

10 – Date and time of the start of the event:

_____

11 - Date and time of the end of the event:

_____

12 – Activity:

_____ Corporate _____ Dance _____ Theater _____ Music _____ Show _____

Standup Comedy _____ Other activity

13 – Extra Services (awarded by the client to external suppliers):

_____ Catering _____ Hostesses _____ Others

14 – Expected number of participants:

_____

The CLF reserves the right to cancel events or activities as long as there are weighty reasons or force majeure that justify it.

Porto, _____ of _____ of 202____