**EVENT RESERVATION FORM**

Thank for your enquiry. Please complete this form fully to ensure confirmation of your reservation and return it to us by fax, [SPECIFY THE RESTAURANT’S FAX NUMBER], through post using the address as shown above or email it to [SPECIFY THE RESTAURANT’S EMAIL ADDRESS].

**Name of Event or Presentation:**

[SPECIFY THE NAME OF EVENT OR PRESENTATION]

|  |  |
| --- | --- |
| **DATE OF EVENT OR PRESENTATION:** | [SPECIFY THE DATE OF THE EVENT] |
| **START TIME:**  | [SPECIFY THE START TIME] |
| **NO. OF GUESTS:** | [SPECIFY THE NO. OF GUESTS] |
| **CONTACT NAME:** | [SPECIFY THE CONTACT NAME] |
| **COMPANY NAME:** | [SPECIFY THE COMPANY NAME] |
| **STREET ADDRESS:** | [SPECIFY THE ADDRESS] |
| **CITY/STATE/ZIP:** | [SPECIFY THE CITY/STATE/ZIP] |
| **CONTACT NO. /S:** | [SPECIFY THE CONTACT NO./S] |
| **EMAIL ADDRESS:** | [SPECIFY THE EMAIL ADDRESS] |

**Payment Method:**

☐ CASH ☐ CREDIT CARD

☐ CHEQUE ☐ BANK TRANSFER/DEPOSIT

**Credit Card Details:**

We accept [SPECIFY CREDIT CARDS ACCEPTED], and [SPECIFY OTHERS, AS MAY BE APPLICABLE].

|  |  |
| --- | --- |
| Card Holder Name: | [SPECIFY THE NAME] |
| Card Number:  | [SPECIFY THE CARD NUMBER] |
| Expiration: | [SPECIFY THE EXPIRATION DATE] |
| Name of Bank Issuing Card: | [SPECIFY THE NAME OF THE BANK ISSUING CARD] |
| Billing Address:  | [SPECIFY THE BILLING ADDRESS] |

I, [SPECIFY THE CARD HOLDER NAME], authorize the use of my credit card to secure the reservation of [SPECIFY YOUR RESTAURANT NAME] for [SPECIFY THE EVENT OR PRESENTATION] and cover all charges, tax, gratuity, cancellation fees, etc.

|  |  |
| --- | --- |
| Signature: | [INSERT SIGNATURE] |
| Card Holder Name: | [SPECIFY CARD HOLDER NAME] |
| Title or Position: | [SPECIFY TITLE OR POSITION] |
| Company Name: | [SPECIFY COMPANY NAME] |

**Name of Your Event or Presentation:**

[SPECIFY THE TITLE OF YOUR EVENT OR PRESENTATION]

**Menu:**

SELECTED MENU

Please attach the menu selections and forward no later than [SPECIFY NUMBER OF WEEKS] week prior to the event date or menu will revert to Chef’s Choice.

CHEF’S CHOICE

|  |  |
| --- | --- |
| Dietary Restrictions: | [SPECIFY THE DIETARY RESTRICTIONS] |
| Vegetarians: | [SPECIFY VEGETARIANS] |
| Food Allergies:  | [SPECIFY FOOD ALLERGIES] |

**Decoration:**

☐ YES ☐ NO

**Speakers:**

☐ YES ☐ NO

**Av Screen:**

☐ YES ☐ NO

**Special Requests or Notes:**

[SPECIFY SPECIAL REQUESTS OR NOTES]

**Terms and Conditions**

The terms and conditions put forward thus are official and settled upon by the parties.

Email is a workable method of correspondence for changes, affirmations and cancellations.

* A down payment is required for the reservation be confirmed and ought to be provided together with this form or [SPECIFY YOUR RESTAURANT NAME] will charge the credit card provided. The down payment is calculated per individual booked and is [SPECIFY THE AMOUNT] per individual for lunch dine appointments and [SPECIFY THE AMOUNT] per individual for dinner dine appointments.
* Stores provided with check or bank exchange/store won't secure the reservation until the point when they clear and land into [SPECIFY YOUR RESTAURANT NAME]'s financial balance.
* In case of a late cancellation or absence of the host or contact person the down payment in full will be relinquished.
* Any extra charges or expenses acquired by the restaurant for any no show, diminishment in numbers, late cancellation will be charged to the credit card number provided.
* [SPECIFY YOUR RESTAURANT NAME] require a particular ensured visitor check no later than [SPECIFY THE NUMBER OF DAYS] business days before the occasion.
* There is a base charge of [SPECIFY THE AMOUNT] for clients to pick up or return pitchers. However, pitchers of water are offered at no charge when joined by the purchase of food or drink from the [SPECIFY YOUR RESTAURANT NAME].
* There is a base charge of [SPECIFY THE AMOUNT] for delivery or takeout.
* There will be a [SPECIFY PERCENTAGE] benefit accuse for elements of a begin time of [SPECIFY START TIME] or prior, or potentially works with a begin time of [SPECIFY START TIME] or later.
* The menu costs depend on a two-hour serving time.

**Cancellation Policy**

* Notice of cancellation must be given by the client in composing by email or post and got in [SPECIFY THE NUMBER OF DAYS] days before the date of the occasion.
* On the off chance that the required cancellation isn't provided, all prepaid charges and an extra charge to the base amount will be imposed against the client.
* The last number of people must be affirmed in composing [SPECIFY THE NUMBER OF HOURS] hours before the booking date.
* [SPECIFY YOUR RESTAURANT NAME] will not acknowledge any type of celebration unless already sorted out and concurred ahead of time with us.
* On the off chance that the last number affirmed at [SPECIFY THE NUMBER OF HOURS] hours is more noteworthy than the number that arrive, charges will be required at the number affirmed at [SPECIFY THE NUMBER OF HOURS] hours out as takes after. A charge of [SPECIFY THE AMOUNT] per visitor for lunch will be added to your bill and a charge of [SPECIFY THE AMOUNT] per visitor for supper.
* To pre arrange wine orders please ask for the full list of wines and give [SPECIFY NUMBER OF DAYS] days’ notice to guarantee service.

ONLY organization checks are acknowledged.

**Kindly note your reservation won't be affirmed or not be held until the point that a store has been gotten by [SPECIFY YOUR RESTAURANT NAME] completely finished.**

I, [SPECIFY THE NAME OF REPRESENTATIVE CUSTOMER] agree to the terms and condition as being set forth above.

|  |  |
| --- | --- |
| Signature: | [INSERT SIGNATURE] |
| Name of customer: | [SPECIFY THE NAME OF CUSTOMER] |
| Title or Position: | [SPECIFY TITLE OR POSITION] |
| Company Name: | [SPECIFY COMPANY NAME] |
| Date: | [SPECIFY THE CURRENT DATE] |