

Reservation Form

Please fill out this form and send it to us by fax or E-mail

Date: ____/____/____ (MM/DD/YYYY)

Contact Information

Name _____

Phone _____

Cell phone _____

E-mail _____

Address _____

City _____ Zip _____ State _____

Event Information

Type of Function _____

Event Date & Time _____

Venue Address _____

City _____ Zip _____ State _____

Services Required

No. of Guests

Beverages

Full Bar_____

Soft Drinks_____

Water_____

Wine_____

Cocktails_____

Special Requirements

Wait Staff_____

Bartender_____

Coat Check_____

Flowers_____

Table Decor_____

Dietary Preference_____

Best Time to Call

Comments
