



BOTANIC GARDENS
RESTAURANT

Restaurant Booking Application Form

Name of Booking			
Name of Contact			
Address			
Daytime Number		Mobile	
Email Address			
Date of booking			
Time required			
Function Purpose			
Menu (please select)	3 Course	4 Course	Tasting Menu
Anticipated Numbers	Adults:		Children:

The deposit of \$ 10.00 per person must accompany this form. The deposit will be deducted from final bill on the day of the booking. Numbers of guests must be confirmed 7 days prior to the booking date. This deposit is non-refundable.

Total payable:

\$

Credit Card Payment. Type of Card (please circle) M/C / Visa / Amex / Diners

Card Number

Name on Card _____ Expiry Date

Signature of Cardholder _____ CCV

Bookings are considered tentative until receipt of the required deposit and Booking Application Form.

Tentative bookings may be re-allocated without notice or liability and shall lapse after 14 days of original reservation. A receipt of your deposit will be forwarded as confirmation.

I acknowledge having received a copy of the general information and terms and conditions. I further comply with all respects of such conditions on acceptance of this application.

Signed: _____ Date: _____