
Reservation Form Restaurant

Guest Details:

- Full Name: _____
- Contact: _____

Booking Information:

- Date: _____ Time: _____
- Number of Guests: _____

Seating Preference:

- Indoor/Outdoor: _____

Special Dietary Requests:

- Allergies or Dietary Restrictions:

Additional Requests:

- High Chair
- Quiet Corner
- Window Seat

Billing Information:

- Payment Mode: Credit Card Cash Other: _____

Customer Agreement:

- I agree to receive promotional materials from the restaurant.
- Signature: _____ Date: _____