Restaurant Event Order Form

Reservation Information

- **Event Name:** _____
- **Event Date:** _____
- **Reservation Time:** _____
- **Number of Guests:** _____
- **Restaurant Location:** _____

Customer Information

- **Name:** _____
- **Contact Number:** _____
- **Email Address:** _____

Event Details

- **Type of Event (Check one):**
  - ☐ **Birthday**
  - ☐ **Anniversary**
  - ☐ **Corporate Dinner**
  - ☐ **Other:** _____

Menu Options

Course	Selected Dishes	Quantity	Special Requests
Appetizers			
Main Course			

Desserts			
Beverages			

Beverage Service

☐ **Non-Alcoholic**

☐ **Wine**

☐ **Cocktails**

☐ **Full Bar**

Additional Services

☐ **Private Dining Room**

☐ **Live Music**

☐ **Decorations**

☐ **Personalized Cake**

Payment Method

- ☐ **Credit Card**
- ☐ **Cash**
- ☐ **Bank Transfer**

Signature of Customer: _____

Date: _____