



CHRISTMAS DAY 2009 BOOKING REQUEST FORM

VENUE: Sinbad's Traditional Christmas Buffet Lunch
 Sinbad's Christmas Buffet Dinner: Please choose preferred time
 5:30pm 7:30pm

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NUMBER OF GUESTS: ADULTS _____ CHILDREN _____

CHILDREN'S NAMES, AGES & GENDERS:

HIGH CHAIRS/S REQUIRED: YES/NO NUMBER: _____

SPECIAL REQUESTS: _____

PAYMENT METHOD: CHEQUE/MONEY ORDER/CREDIT CARD

CREDIT CARD TYPE: _____

CREDIT CARD NUMBER: _____

EXPIRY DATE: _____

CARDHOLDER NAME: _____

***Bookings are not confirmed until this booking form and a 25% deposit is received.
Full payment is required by 1st December 2009. Cancellations notified after 11th
December 2009 are non-refundable.***