



Season's Coffee Shop
Christmas Booking Form 2015



Name of booking _____

Name of Contact: _____

Address: _____

Postcode: _____

Contact Telephone Number _____

Reservation Required Date _____

Time of booking _____

Number of persons: Adults _____ *Children* _____

(Changes of numbers need to be confirmed in 24 hrs in advance of the booking)

(Non-refundable deposit of £5.00 per Adult required at time of booking, excluding children)

Deposit received _____

Customer Signature: _____

Date booking made: _____

Staff Signature: _____