

Gabriels Restaurant
6501 Mississauga Road
905-567-5218
gabrielsbarandgrill@gmail.com

RESERVATION/CREDIT CARD AUTHORIZATION FORM

Reservation Name: _____

Contact Person: _____

Telephone: _____

Email: _____

Date and Time of Reservation: _____

Number of Total Guests: _____

Adults: _____

Children (3-10 years): _____

Menu Option (please circle one):

Set Menu

Menu

Buffet: @\$20 per person

@\$25 per person

@\$30 per person

Optional dessert cost: (circle, if required)

Pastries \$3.00 per piece - _____ pieces

Fruit and Chocolate \$3.50 per person

_____ Bring your own cake - \$50 cake fee (customer providing disposable forks and plates- otherwise \$1.00 per person for usage of Gabriels plates and forks)

Special menu requests: _____

***Please note, we require a confirmation of attendees 1 week prior to the event as this will be the minimum of people charged for your event.

FOR PRIVATE EVENTS:

Please initial consenting you are aware of the conditions to reserving exclusive use to the entire restaurant.

_____ Saturday afternoons minimum spend \$2000 plus tax and gratuity

_____ Sundays minimum spend \$4000 plus tax and gratuity

Please note: NO CONFETTI IS PERMITTED IN THE BUILDING

Credit Card Details:

Type of Card: VISA MASTERCARD AMERICAN EXPRESS

Card# _____

Expiry date _____ Security # _____

Name on Credit Card _____

Signature of Card Holder _____

The above credit card is used to secure your reservation only and you will not be charged at the time of making this booking. The actual payment is required the day of the event.

CANCELATION FEE SCHEDULE (the following fees will apply upon notification of cancellation or no show)

<u>Gabriels Notified in writing</u>	<u>A La Carte</u>	<u>Set Menu/Buffer</u>
2 weeks in advance of event	\$0	\$0
Less than 2 weeks notice	\$250 Net	50% of Confirmed Price
No shows	\$350 Net	Full price Confirmed

Please understand that it is not our intention to charge you, however, a phone call only takes a moment. Kindly plan appropriately and honour our commitment to each other

Upon completion of this form, I hereby agree to the above terms and conditions and understand that the cancellation/no show fees will apply and will not be refundable.

I have read and acknowledge the cancellation policy and agree to credit card transaction if fail to give adequate time as stated above.

Signature _____