





BOOKING/PAYMENT AUTHORISATION FORM

FAX BACK TO 021 790 0922 or SCAN AND EMAIL TO reservations@lookoutdeck.co.za (No later than Monday 18th December 2017)

I, the undersigned, accept that:	CHILD R192.50 (service charge included)	ADULT R385.00 (service charge included)
will be charged upfront against the s secure my Christmas Lunch 2017 rese	ervation. In event of a ca	ncellation, we require
1 weeks notice, being Monday 18th unless cancellation is before 18th De		ies will be retunded
Reservation Name :		
Number of Adults :	Number of Children :	
Special Dietary Requirements :		
Time (Between 12H00 - 13H30, Kitch	en Closes at 15H00) :	
Card Holder Name :		_
ID Number :		
Type of Card (Master/Visa):		_
Credit Card Number :		
Expiry Date :		
CVC/Security number (Last 3 digits o	on back of card):	
Date:		
Signature:		
Contact Number :		
Email Address :		

NOTE: YOUR RESERVATION WILL ONLY BE CONFIRMED ONCE FULL PAYMENT HAS BEEN MADE.

