

Reservation Form

(This is your service contract; it contains legal clauses, please read it carefully)

Date of the reservation: _____ Checking in Lunch (11h30) Dinner (18h30) _____

Number of guests: _____ Something to celebrate: _____

Person in charge: _____ E-mail: _____

Choice of Tables d'Hôte	Price	Course meal	Animation	Length
<input type="checkbox"/> The First Settler's Table	39,95 \$ to 44,95 \$	3	Music and comedy	+/- 2h30
<input type="checkbox"/> The Merchant's Table	44,95 \$ to 49,95 \$	4	Music and comedy	+/- 3h00
<input type="checkbox"/> The Bourgeois's Table	49,95 \$ to 54,95 \$	5	Music and comedy	+/- 3h30
<input type="checkbox"/> The Sugar Shack (March and April)	19,95 \$	all-you-can-eat	Music and comedy	-
<input type="checkbox"/> The Nuptial feast	64,95 \$	4	Music and comedy	+/- 3h00
<input type="checkbox"/> The Lord's Table	95,00 \$	6	Music and comedy	+/- 4h00

Use checkbox
for chosen menu

Only a deposit is a proof of your reservation. Reservation will be treated in their arrival order. The price of the packages can be change without notice.

Legal Clauses

I authorize Le Cabaret du Roy inc. to collect the amount of 20 \$ per reserved seat. This amount is given as a guarantee for the above event. If the client designated in this document cancels the event less than 21 days before the date stated above, the given deposit will not be refunded; in the case of a credit card guarantee, the amount will be taken on the card.

If the number of persons attending the event is less than the number of reservations, a total penalty of 20 \$ per person will be collected during the event.

I hereby confirm that I am the cardholder of the credit card mentioned above (if applicable) and I authorize Le Cabaret du Roy inc. to charge any amount owed. By doing so, I validate my reservation and accept these terms.

INITIALS

Person in charge

A- Will make sure of the exact number of attendees.

B- Will inform his/her guests that the menu à la carte is not available with TABLES

Calculation of the deposit

The amount of deposit that I am authorizing is _____ of guests X by 20 \$ = _____ \$

Deposit: Cash Checks Credit cards (VISA Amex MC Other _____)

Card's number: _____ Expiration date: _____

Authorized signature: _____

Confirmation

I read and agreed to all the conditions attached to this form.

Telephone: (_____) _____ Date: _____ Signature: _____

Fax number: (_____) _____ Company: _____

FAX YOUR RESERVATION FORM AT: 514 858-6888

Mail your deposit at: 8870 Lajeunesse, Mtl, Qc, H2M 1R6

We will call you to confirm reception of your document.

Le Cabaret du Roy
www.oyez.ca