

## **RESERVATION REQUEST FOR SUNDAY**

Congratulations to all 2018 Graduates! To request a reservation for dinner **on Sunday May 20**th please fill out the information required below. A non-refundable deposit towards your dinner will be charged to your credit card when the reservation is made. For parties up to 6 guests a \$100 deposit is required, for parties of 7 to 10 guests, a \$150 deposit is required and for parties of 11-16 guests (may require separate tables) a \$200 deposit is required to secure your reservation. Please note that parties of 13 or more will be required to order off a pre-set or limited menu. Your deposit will be deducted from your final bill on the date of the reservation.

You may add guests to your party at a later time, if space allows, with at least 72 hours advance notice.

Deposits are refundable until Thursday, May 10<sup>th</sup> when cancelled by email (waterworksvt@gmail.com). An additional fee of \$25 per guest will be charged to your credit card if you do not honor the reservation without notification by email to waterworksvt@gmail.com.

Any change in party size without email notification will also result in a \$25/person charge.

## Booking a reservation is acceptance of the stated terms.

All dinner reservations for parties up to 8 guests will have a two-hour dining period. Parties of 9 guests or more will have 2.5-3 hour dining period depending on your party size. Please select 1<sup>st</sup> and 2<sup>nd</sup> choice dining times below. Please understand that we are offering a select number of dining times to give every family adequate celebration time with the graduate. If you would like to be contacted by our event coordinator so we can take the payment information over the phone, please write that below. **Once we receive your**Reservation Request along with your deposit information we will then contact you (within 2-3 business days) to confirm your reservation and dining time.

Phone Number:			Email:	1					
Reservation Date:	Number of Guests:								
Parties of 2 to 8 (please 3:30			•	5:30	6:45	7:45	9:00	9:30	
Parties of 9 or more (p 4:00 4				7:45	8:15	8:45			
Credit Card Informatio	n								
Card Type: ☐ Master(	Card	□ VISA	□ Disco	ver □ AN	1EX				
Cardholder Name (as s	hown on	card):							
Card Number:	ard Number:			Expiration Date (mm/yy):			CCV Number:		
Cardholder ZIP Code (f	rom cred	lit card billin	g address):						
I,stand that my informa	tion will	be saved to	o file for pos used to cha	ssible future	transactior ance of the	ns on my ac	count. Ple	ease note that	