



RESERVATION REQUEST FOR “Nursery Crimes”

Sunday 2/13/11

Name for Reservation:	
Address:	
City/State/Zip:	
Best Phone to Reach You:	Hm ___ Cell ___ Wk: ___
Email Address:	
Number of Parties in Reservation:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> More: _____
These are Gift Tickets:	<input type="checkbox"/> Yes <input type="checkbox"/> No

For participation purposes and meal preference, please complete the following information on each person in your party. Please be reminded that our event is intended for parties ages 16 and over and that our entertainment area is not wheelchair accessible.

Party 1 Name:	
Meal Choice:	<input type="checkbox"/> Chicken ~ OR ~ <input type="checkbox"/> Beef ~ OR ~ <input type="checkbox"/> Vegetarian <input type="checkbox"/> Food Allergy: _____
Party 2 Name:	
Meal Choice:	<input type="checkbox"/> Chicken ~ OR ~ <input type="checkbox"/> Beef ~ OR ~ <input type="checkbox"/> Vegetarian <input type="checkbox"/> Food Allergy: _____
Party 3 Name:	
Meal Choice:	<input type="checkbox"/> Chicken ~ OR ~ <input type="checkbox"/> Beef ~ OR ~ <input type="checkbox"/> Vegetarian <input type="checkbox"/> Food Allergy: _____
Party 4 Name:	
Meal Choice:	<input type="checkbox"/> Chicken ~ OR ~ <input type="checkbox"/> Beef ~ OR ~ <input type="checkbox"/> Vegetarian <input type="checkbox"/> Food Allergy: _____

To Confirm Your Registration, Please Complete Payment Information Below to Process \$20/Per Person Deposit.

Payment Method:	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER
Account#:	
Exp. Date:	CSV Code:
Signature:	

CANCELLATION POLICY:

Payment for your party will be processed using the credit information provided in order to secure your reservation. Should you need to cancel your reservation, requests received prior to 5:00 pm, Friday, December 24th will receive a complete refund of their Deposit. Beginning December 25th, all requests will receive a refund in the form of a Little Hills Gift Card.

INITIALS: _____

LHW USE ONLY:

Date Received:	Server:	Payment Processed:
GSG Processed:	Confirmed:	