

RESERVATION

EVENT:		DATE:	
NAME:			
STREET ADDRESS:			
CITY:		STATE	
		ZIP	
NUMBER OF RESERVATIONS REQUESTED:			
FORM OF PAYMENT:			
CHECK:			
AMOUNT: \$	IN THE MAIL <input type="checkbox"/>	OR	AT THE DOOR <input type="checkbox"/>
CREDIT CARD:			
AMERICAN EXPRESS <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	VISA <input type="checkbox"/>	DISCOVER <input type="checkbox"/>
	DINERS CLUB <input type="checkbox"/>		
NAME:			
ADDRESS:			
CITY, STATE, ZIP			
TELEPHONE			
CREDIT CARD NO.			
EXP. DATE		CSC	