

# Christmas Booking Form 2017

Seasons Coffee Shop - Parkhill Garden Centre

NAME OF BOOKING: .....

NAME OF CONTACT: .....

ADDRESS: .....

POSTCODE: .....

CONTACT TELEPHONE NUMBER: .....

RESERVATION REQUIRED DATE : .....

TIME OF BOOKING: .....

NUMBER OF PERSONS: ADULTS ..... CHILDREN .....

(CHANGES TO NUMBERS NEED TO BE CONFIRMED 24 HRS IN ADVANCE OF THE BOOKING)

(NON-REFUNDABLE DEPOSIT OF £5.00 PER ADULT REQUIRED AT TIME OF BOOKING,  
EXCLUDING CHILDREN)

DEPOSIT RECEIVED: .....

CUSTOMER SIGNATURE: .....

DATE BOOKING MADE: ..... TIME: .....

STAFF SIGNATURE: .....

TILL RECEIPT NUMBER: ..... (FOR OFFICE USE ONLY)

[seasons@parkhillgardencentre.com](mailto:seasons@parkhillgardencentre.com)

**BOOKINGS TO BE MADE STRICTLY IN PERSON FOR FESTIVE MENU,  
WE UNFORTUNATELY CANNOT ACCEPT BOOKINGS BY TELEPHONE**