



Christmas Tea Reservations

Name:

Email:

_____ Phone: _____

Zip:

Allergies (Gluten Free, add \$2):

1. Check off the date and time of your choice along with number of guests in your party.
2. Rate your choices 1, 2, 3 on the right side
3. I am not on your email list, please add me

December 2nd

11:00 a.m. 2:30 p.m. No. Guests _____

December 9th

11:00 a.m. 2:30 p.m. No. Guests _____

December 16th

11:00 a.m. 2:30 p.m. No. Guests _____

December 23rd

11:00 a.m. 2:30 p.m. No. Guests _____

December 17th – Dickens Tea

11:00 a.m. 2:30 p.m. No. Guests _____

Choice

