



## “In Person” Christmas Tea Reservation Form

**Please PRINT and Fill out ALL information below**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ *(needed for confirmation)*

Phone: \_\_\_\_\_

**December 1st**

11:00 a.m.     2:30 p.m.    No. Guests \_\_\_\_\_

**December 8<sup>th</sup>**

11:00 a.m.     2:30 p.m.    No. Guests \_\_\_\_\_

**December 15<sup>th</sup>**

11:00 a.m.     2:30 p.m.    No. Guests \_\_\_\_\_

**December 22<sup>nd</sup>**

11:00 a.m.     2:30 p.m.    No. Guests \_\_\_\_\_

**Sunday, December 9<sup>th</sup> – Dickens Tea**

11:00 a.m.     2:30 p.m.    No. Guests \_\_\_\_\_

Choice 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup>
_____
_____
_____
_____

Are there any allergies?     Yes     No    Please list: \_\_\_\_\_

Plate allergen food separately?     Yes     No

Gluten Free (\$2 charge)     Yes     No    If yes, plate separately?     Yes     No

Number of gluten free High Teas in your party \_\_\_\_\_

- Groups of 3 or less will be seated with other guests.
- Children are welcome beginning at age five at full price.