



Tea by Two Annual Christmas Teas In Person Reservation

ALL information must be filled out – please PRINT and write legibly.

Name: _____

Email: _____

Phone: _____

Credit Card: _____

Expiration: _____ Security Code: _____ Zip Code: _____

Allergies? NO (Gluten Free add \$4 – plate separate?)

**** Tea Room Use Only****

Date: _____

Time: _____

Guests: _____

Confirmation sent: _____

Friday, December 2ND No. Guests _____

- 10:00 10:30 11:00 11:30 12:00 12:30
 1:00 1:30 2:00 2:30

Saturday, December 3rd No. Guests _____

- 9:00 9:30 10:00 10:30 11:00 11:30
 12:00 12:30 1:00 1:30 2:00 2:30
 3:00

Friday, December 9th No. Guests _____

- 10:00 10:30 11:00 11:30 12:00 12:30
 1:00 1:30 2:00 2:30

Saturday, December 10th No. Guests _____

- 9:00 9:30 10:00 10:30 11:00 11:30
 12:00 12:30 1:00 1:30 2:00 2:30
 3:00

Friday, December 16th No. Guests _____

- 10:00 10:30 11:00 11:30 12:00 12:30
 1:00 1:30 2:00 2:30

Saturday, December 17th No. Guests _____

- 9:00 9:30 10:00 10:30 11:00 11:30
 12:00 12:30 1:00 1:30 2:00 2:30
 3:00

