

Please complete this form and fax it to 01 2933804

Il Primo Restaurant - Confirmation & Deposit Form

Booking Name: _____

Contact Name: _____

Client Contact Details

Telephone: _____

Mobile: _____

Email: _____

Postal Address:

Booking Details

Date of Booking: ____/____/____

Time of Booking: _____

No of Guests: _____

Deposit of (25 EURO Per Head): EUR_____

MASTERCARD VISA DINERS

BANKCARD AMEX OTHER

CARD HOLDERS NAME: _____

CARD NUMBER: _____

EXPIRY DATE: ____/____

CARD HOLDERS SIGNATURE: _____

Please note the following terms and conditions:

This booking is not confirmed until the agreed deposit has been received. If the number of guests is reduced within one week prior to the function there is a cancellation fee of 25 euro per person. For catering purposes, we require confirmation of the final number of guests 72 hrs prior to the booking date. In the event of a decrease in numbers after the final confirmation is received, the deposit will not be refunded for the non - attendees. An increase in numbers will be granted only on availability. The deposit will be deducted from the total amount of the bill.

We, as a booking group agree to the above terms and conditions with the signature of the designated person below.

PRINT NAME: _____

SIGNED: _____

Date: ____/____/____

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