NEW YEARS EVE 2025

Table Reservation

Please print first and last name of each person individually on a separate line. Tables of less than 10 will be completed by staff.

| # | Last Name | First Name | Phone# | Check # | Check Amount | Food Allergy |
|----|-----------|------------|--------|---------|--------------|--------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
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| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |