



PRIVATE DINING ROOM RESERVATION REQUEST & CREDIT CARD AUTHORIZATION

Please fill out and fax to: (415) 775-1805. Please print legibly.

NAME: _____
ADDRESS: _____
CITY: _____ ZIP: _____
PHONE: () _____ FAX: () _____
PHONE #2: () _____ E-MAIL: _____
RESV DATE: _____ RESV NAME: _____ TIME: _____ # IN PARTY: _____

I ACKNOWLEDGE AND AGREE THAT: THE REQUESTED DATE IS NOT RESERVED UNTIL GARY DANKO HAS CONFIRMED THAT THE DATE IS AVAILABLE AND I HAVE PAID A \$500 DEPOSIT; USE OF THE PRIVATE DINING ROOM REQUIRES A MINIMUM CHARGE OF \$1,200.00 FOR FOOD AND BEVERAGE; AN ADDITIONAL 21% SERVICE CHARGE WILL BE ASSESSED; AND ALL CHARGES ARE SUBJECT TO 8.5% SALES TAX AS REQUIRED BY LAW. CANCELLATION OF A CONFIRMED RESERVATION MUST BE IN WRITING AND RECEIVED BY GARY DANKO AT LEAST 5 BUSINESS DAYS PRIOR TO THE DATE RESERVED. NO DEPOSIT WILL BE REFUNDED IF GARY DANKO HAS NOT RECEIVED WRITTEN NOTICE OF CANCELLATION WITHIN THE ABOVE STATED PERIOD. DEPOSIT REFUNDS IF DUE WILL BE ISSUED BY CHECK AND MAILED TO THE ABOVE ADDRESS.

DATE: _____
SIGNATURE _____

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I HEREBY AUTHORIZE GARY DANKO TO CHARGE THE \$500.00 DEPOSIT TO RESERVE THE PRIVATE DINING ROOM.

TYPE OF CREDIT CARD: VISA: _____ MC: _____ DINERS: _____ DISC: _____

CREDIT CARD #: _____ EXP. _____

NAME AS IT APPEARS ON CARD: _____

CARD HOLDER SIGNATURE: _____

NOTE: PLEASE FORWARD A PHOTOCOPY OF THE CREDIT CARD

MAILING ADDRESS FOR RECEIPT (IF DIFFERENT FROM ADDRESS PROVIDED ABOVE):

800 NORTH POINT, SAN FRANCISCO, CA 94109