## WILD FLOWER RESTAURANT & BAR

4590 Laclede Avenue Saint Louis, Missouri 63108

Tel: 314.361.8282 Fax: 314.361.2841 Email: info@wildflowerloft.com

## RESERVATION CONTRACT FOR DINING ROOM SEATING ONLY

Name:		
Address:		
City, State & Zip:		
Home Phone:	Cell Phone:	
Email:		
Credit Card Information		
CC Type: Visa MC AMEX Discov	er	
CC Number:		
CC Expiration Date:		
CC Cardholder:		
Reservations are based on availability and evenings, as well as Saturday & Su	for parties of 6 or more on Monday, Wednesday – Frida Inday days after 1pm.	ay days
Date of Reservation:	For:person(s) at Time:	
<u>Please read carefully th</u>	ne statement below and sign and date at the bottom	
credit card information furnished abo before the event. Failure to cancel this result in a penalty charge of \$50.00 to or reduction in party size without noti	me), understand that this reservation is being guarante we and a minimum number of guests will be guaranteed reservation 72 hours prior to the stated reservation date my credit card. Failure to keep the reservation, as in a fication will result in a penalty equal to \$19 for daytime seat reserved for that date. Reserved seating is limited to	d 5 days te will "no show" e events
•	et to a wait for the next available table. WILD FLOWER in from the patio to the main dining room weather permisocations in the dining room.	
X (Signature)	Date:	
	- 214 201 2041 1	1

Please return this form via email or fax 314.361.2841. In order to confirm your reservation or make any necessary adjustments please contact Tabor at 314.361.8282.