



La Pharmacie

Christmas Booking form

Contact Name:

Deposits

NON REFUNDABLE DEPOSIT OF £5 PER GUEST

Company:

Card Details

Address:

Credit card number:

Security No:

Exp Date: *Issue No:* *Please charge £:*

Post code: *Tel / Fax:*

to my card

e-mail: *Mobile No:*

Print Name on Card:..... *Card Type:*

Date of Booking: *Booking Time:* *No. of*

Signature:

Guests:

La Pharmacie would like to thank you for your booking

