TABLE RESERVATION ORDER FORM ITC GRAD 2023

STUDENT NAME: CONTACT PHONE NUMBER:			YOU MUST BRING THIS		
		FORM TO SELECT AND RESERVE YOUR TABLE.			
# OF SEATS	NAMES OF GUESTS (INCLUDING STUDENT)	VEGETARIAN	CHILD MEAL (12 & UNDER)	ALLERGIES/ DIETARY NEEDS	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
No meal substitutions/adjustments following table reservation. Please review the menu carefully.		Total #	of guests		
			(x 75.00)		
		Total Paid	Online		

Table #: _____

IMPORTANT:

- ✓ Please <u>bring your receipt of online payment for all seats</u> in order to reserve your table.
- ✓ Students wishing to sit together, must come to reserve their table together.