



Chef's Table Reservation Request

Thank you for your interest in dining at The Foundry.
Please complete and return via email, mail or in person.

Booking Contact:

First Name: _____ Last Name: _____

Phone: (____) _____ - _____ Email: _____

Name for Reservation if Different: _____

Desired Date of Reservation: _____

Alternative Date of Reservation: _____

Requested Seating Time: _____ Number of Guests (2 min, 4 max): _____

Special Reason or Celebration? _____ Music Preference: _____

Please Select a Beverage Package if Desired: Wine Beer Cocktails Chefs Choice

If you have any food allergies, dietary restrictions, food dislikes, favorite foods, or beverage preferences, please provide us with the details and we will take them into account when creating your menu.

- Please note that we do allow photography in the kitchen; video recording is permitted.
- We ask that you sign this request and return back to us. Please include the credit card authorization form to confirm the reservation.

We look forward to the pleasure of your company.

Printed Name: _____

Signature: _____

Date: ____/____/____

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (Last 3 digits on the back of the card; Front 4 digits for Amex): _____

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____