

Le MaraisTM

Times Square ©

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GROUP RESERVATION FORM
(NO RESERVATIONS ACCEPTED BETWEEN 6:05PM AND 7:45PM)

Date of Reservation: _____ Time: _____ # of People: _____

Name: _____ Nature of function: _____

Telephone: _____ Fax: _____ E-mail: _____

Credit Card # _____ Exp: _____

*All parties of 12 or more MUST fill Group Reservation Form.
All parties of 15 or more MUST fill out form and do a limited menu.*

Limited menu instructions:

Please choose 4 appetizers, 5 entrees and 3 desserts from the regular menu by circling them. Once you have made your choices, fax or email both pages back to us.

We will type up a menu for your group.

Do you want prices listed? YES NO

Menu heading: _____

NO-SHOW POLICY:

ALL RESERVATIONS MUST BE CANCELLED 24 HOURS IN ADVANCE OR CREDIT CARD WILL BE CHARGED \$100.00, AND 8.875% NYS SALES TAX.

A MAXIMUM OF FOUR (4) CREDIT/DEBIT CARDS CAN BE ACCEPTED FOR PAYMENT PER ONE RESERVATION

WE SUGGEST YOU CALL TO MAKE SURE YOUR FAX WAS RECEIVED. THANK YOU.

TABLE MINIMUM PER PERSON IS \$40 (EXCLUDING TAX AND GRATUITY).

18% GRATUITY IS SUGGESTED FOR ALL PARTIES OF 12 PEOPLE OR MORE.

GRATUITY AMOUNT (CIRCLE ONE): 15% 18% 20% OTHER: _____

YOU DO NOT HAVE A RESERVATION UNTIL YOU HAVE SUBMITTED THIS FORM FILLED OUT AND SIGNED.

NO OUTSIDE FOOD OR BEVERAGES ARE ALLOWED IN THE RESTAURANT.

Signature: _____

SPECIAL INSTRUCTIONS: