

This completed form is required for  
all reservations of 30 or more guests.

Terms and Conditions:

Room is reserved for parties of 30 or more with a security deposit of \$600 for food and beverage which will be accounted towards your final bill at the end of your event.

A Credit card number is required at time of booking.

13% sales tax and 15% gratuity will be applied the day of the billing

One check is preferred. Please allow additional service time after dinner for separate checks.

If the reservation is canceled more than 14 days in advance, counting backwards from the start time of your event, no charges apply.

If the reservation is canceled within 72 hours counting backwards from the start time of your event, a fee of \$300 will be charged due to loss of business level revenue required by Wickie's.

In the event of a "no-show" a fee of \$600.00 will be charged. Parties arriving more than 30 minutes late must contact Wickie's management.

A FINAL HEAD COUNT of all adults and children must be provided by 1:00 pm five days prior to your event. This is the number of people you will be charged for in the final bill. Days are measured in 24 hour increments counting backwards from the start time of your event. If fewer adults attend your party, you will still be charged the fixed price per adult based on the final head count. If additional adults and children attend, you will be charged the menu option price per adult and charged for menu items ordered for children

Cancellations must be confirmed by a member of management, answering machine messages are not acceptable.

Reservations will not be considered confirmed without this form and its completion of information.

NAME OF RESERVATION:

RESPONSIBLE PARTY  
NAME ON CREDIT CARD:

EXPIRATION:

SECURITY CODE (CVC):

DATE OF EVENT:

TIME:

NUMBER OF GUESTS CONFIRMED:      NUMBER OF GUEST MUST BE A SET  
NUMBER IN ORDER TO ORGANIZE SEATING AND STAFFING NEEDS FOR PROPER  
SERVICE, THIS MEANS NO ESTIMATION OF PEOPLE ATTENDING, EXAMPLE: 30 - 35 PPL

COMPANY NAME/HOST:

TEL (HOME):

TEL (WORK):

TEL (CELL):

EMAIL:

ADDRESS:

MENU OR DIETARY REQUESTS:  
ATTACH IF NECESSARY

DATE & TIME  
RESERVATION MADE:

MGMT INITIAL:

CUSTOMER AGREES TO TERMS & CONDITIONS: ☐ I AGREE

PRINT NAME:

SIGNATURE:

DATE: