

ABSINTHE BRASSERIE & BAR SPECIAL REQUEST FORM

*Please fill out and return by fax to: 415-864-2794
Or mail to: 450 Gough Street, 2nd Floor, San Francisco, CA 94102
Or scan and email to: reservations@absinthegroup.com*

Name of Contact/Purchaser: _____

Date of Reservation: _____

Telephone: _____ Fax: _____

PLEASE SELECT ONE OF THE FOLLOWING:

___ Purchase entire dinner including ___ % gratuity or ___ not including gratuity

___ Purchase dessert _____ % gratuity or _____ not including gratuity

___ Purchase a bottle of wine _____ % gratuity or _____ not including gratuity

___ Other: _____ % gratuity or _____ not including gratuity

SPECIAL INSTRUCTIONS:

MAIL RECEIPT TO:

PAYMENT:

Credit card type: ___ Visa ___ Mastercard ___ Amex ___ Diners ___ Discover

Credit card number: _____ Expiration: _____ / _____

Name on card: _____

Signature: _____ Date: _____