



The Point Restuarant

Christmas Lunch

Saturday December 25 2010

Reservation Name _____

Contact Name _____

Phone _____ Mobile _____

Fax _____ E-mail _____

Postal Address _____

Number of guests _____ Including _____ @ \$149 per person &
_____ @ \$50 per child 3-1 years

Total\$ _____ Reservation time _____ am/pm

Credit card details or payment of full amount as detailed, above is required for confirmation of Christmas Day reservation. Credit card details will be held by The Point Restaurant as confirmation of reservation until payment is processed to credit card account, no earlier than 9am Friday December 3 2010 but prior to 5pm Monday December 6 2010. Reservations are tentative on receipt of this confirmation for a period of the lesser of either seven days or until 5pm Monday December 6 2010. Cancellation or decrease in total guest number after 5pm Monday December 6 2010 will incur a charge of 100% of the cost per each guest less than the number of guest confirmed by full payment.

Confirmed acceptance of reservation by _____

(Guests Name)

Date _____ Signature _____

PAYMENT DETAILS AMEX Eftpos* Visa
Diners MasterCard Cash\$*

(*If you plan to pay by eftpos of cash please note that we still require credit card details to hold this booking)

Card Number _____ Expiry Date _____

Card Holder _____ Signature _____

(Required upon collection of tickets)

THE POINT

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