



Sabbath at Bistro – Kosher Deli Estimated Check

Bill To:
Name:
Phone:
E-mail:
Check-in Date:
Lodging Accommodations:

Remit Payment To:
Bistro – Kosher Deli
4000 Canyons Resort Drive
Park City, UT 84098
Phone: 855-444-5674
435-615-3400
Fax: 435-615-3364

Date: ____/____/____	Total:
# ____ Adults for Sabbath dinner at \$55.00 per person	\$
# ____ Children for Sabbath dinner at \$25.00 per child under age 11	\$
# ____ Adults for Sabbath lunch at \$45.00 per person	\$
# ____ Children for Sabbath lunch at \$25.00 per child under age 11	\$
Tax 9.84%	\$
Gratuity 20%	\$
TOTAL ESTIMATED CHARGES	\$

•All meals will be prepared TO GO unless there are reservations exceeding 30 persons. You will be notified on the Thursday prior to the Sabbath of the Pick-up times.

This form is a pre-authorization for meals during the Sabbath at Bistro. It is an estimate and does not include any beverages that may be purchased with meals. These charges will be included in the final credit card charge. Tax and gratuity will be adjusted accordingly.

In order to ensure our minyanim, we ask our guests to register for tefilot at <http://www.minyanmakers.com/canyons/>

Remittance: <i>Please return this form with credit card via fax to 435-615-3364.*</i> <i>Thank you.</i>
Reservation Date:
Amount Due: \$
Payment Method:
Credit Card #:
Exp: CVV# (security code)
Name on Card:
Cardholder Signature: _____

*Credit cards may NOT be emailed. They will be Blocked. Please Fax or call in credit card information. Signature is REQUIRED.