

# Restaurant Reservation

Please complete ALL relevant fields.

Restaurant Name:

Select a restaurant or type in your preference.

Name on Reservation:

Cell Phone Number:

Day and Date of Reservation:

Time:

Number of People:

Workshop      Recruitment

**PTAO:** This will be used to pay for anything related to your event.

P                      T                      A                      O

**Once you have completed this form, email it to the department's administrative assistant. Once the reservation has been confirmed, please go to the main office, room 237, and sign for confirmation.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Notes: