



Chef's Table Reservation Request

Thank you for your interest in dining at EPIC.
Please complete and return via email or in person.

Booking Contact:

First Name: _____ Last Name: _____

Phone: (____)____-_____ Email: _____

Name for Reservation if Different: _____

Desired Date of Reservation: _____

Alternative Date of Reservation: _____

Please check the box below that corresponds with your date request:

- Tuesday-Thursday: \$95.00 per person plus 8% tax and 22% gratuity
- Fridays, Saturdays & Holidays: \$120 per person plus 8% tax and 22 % gratuity and requires a reservation of a 4 guests or more

Requested Seating Time: 6:00 pm 8:30 pm Number of Guests: _____

Special Reason for Celebration: _____

Please Select a Wine Package if Desired: Classic: \$65* per person Grand Tasting: \$75* per person

We do not divulge specific details about our menu in order to keep the element of surprise for our guests. However, if you have concerns regarding food allergies and dietary restrictions, simply provide us with the details and we will take them into account when writing the menu.

- Please note that we do allow photography in the kitchen but no video recording is permitted.
- We ask that you sign this request and return back to us. Please include the credit card authorization form to confirm the reservation.

The Chef's Table Experience is the only one of its kind in Columbus, Georgia. We look forward to the pleasure of your company.

Printed Name: _____

Signature: _____

Date: ____/____/____



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (Last 3 digits on the back of the card; Front 4 digits for Amex): _____

Amount to Charge: \$_____ (USD)

I authorize _____ to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____