



Chef's Table Reservation Request Thank you
for your interest in dining at EPIC.

Booking Contact:

First Name: _____ Last Name: _____

Phone: (____)_____-_____ Email: _____

Name for Reservation if Different: _____

Desired Date of Reservation: _____

Alternative Date of Reservation: _____

Tuesday-Saturday: \$120.00 per person plus 8% tax and 22% gratuity

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

Special Reason for Celebration: _____

Please Select a Wine Package if Desired:

Classic: \$70* per person Premium Tasting: \$80* per person Grand Tasting: \$90* 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: ____/____/____