

THE CASTLE ~ BOOKING FORM ~

CAMBERWELL CHURCH STREET ~ BAR AND KITCHEN

Name: _____
 Address: _____
 Phone No. Daytime _____ Evening _____
 Date of visit ____/____/____ Time _____
 No. in Party _____
 Special Requirements _____

Deposit payment: _____
 Please make cheques payable to: The Castle Camberwell Church Street

GRAND TOTAL

CREDIT/DEBIT CARD DETAILS

Credit card number

ExpiryDate: ____/____

CSV no:

Issue number (switch only)

Please Debit my Delta/MasterCard/Visa/Switch/Electron

Signature: _____ Date: _____

----- For the Manager -----

Paid full amount _____
 Amount paid to date: £ _____
 TABLE NUMBER (for manager only): _____

ALL BOOKINGS ARE SUBJECT TO AVAILABILITY - CONFIRMATION WILL BE MADE ON RECEIPT OF YOUR DEPOSIT.

