



Confirmation Form

Dear Sir/Madam:

Please complete this form and return it to us by fax at (441-295-8977) within 24 hours. Since availability is limited, the table WILL BE RELEASED if we do not receive your completed confirmation form within 24 hours of making your reservation. Upon receipt of this completed form, we will contact you to confirm your reservation.

I would like to reserve a table for ___ guests under the name of _____

on _____, _____, at _____ m.

This transaction authorizes **Little Venice Restaurant** to charge my credit card a no-show/late cancellation fee in the amount of \$25.00 per person. This fee applies only to the above reserved date. I am submitting the following information to be used in the event that our party fails to arrive for the above-mentioned reservation and/or fails to cancel 24 hours prior to the reservation time. Failure to cancel or arrive under these terms will result in the above stated charge. I understand that without valid cancellation confirmation, to be given to me by **Little Venice Restaurant** at the time of cancellation, I am subject to this "no show" fee.

Credit Card #: _____ - _____ - _____ Exp mm/yy _____

Credit Card Type: Visa ___ MC ___ Amex ___ Diners

Billing Address: _____

Contact number: _____

E-Signature of Authorized Cardholder only:

Please type or Sign _____

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