

HACHATZER

Chef Restaurant

Hachatzer Restaurant - EVENT ORDER FORM

Full Name: _____ Telephone: _____

E-mail: _____

Type of the event: _____

Date of the event: _____

Afternoon / Evening: _____

Arrival time: _____

Number of guests (all): _____ adults: _____ children: _____

Menu (choose): _____

With/without wine: _____

Suggestions: _____

We are interested in a projector - yes/no (mark with circle)

We will have an external production - yes/no (mark with circle)

I affirm and agree to the stated above and I guarantee to pay for the number of guests. If there will be more guest, then the amount of payment will be multiplied according to the number of people.

If the event will be canceled, the client is obliged to pay 20 % of the prepayment.

A prepayment of 20% of the total amount has been paid (YES \ NO) in the amount of _____

Date: _____ Full Name: _____ Signature: _____

Signature of the restaurant: _____

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